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The Well-Being of Children as Viewed Through Their Conceptions of Death

BY

Jennifer A. Kampmann

This thesis submitted in partial fulfillment of the requirements for the

Master of Science

Major in Family & Consumer Sciences

South Dakota State University

2003

The Well-Being of Children as Viewed through Their Conceptions of Death

This thesis is approved as a creditable and independent investigation by a candidate for the Master of Science degree and is acceptable for meeting the thesis requirements for this degree. Acceptance of this degree does not imply that the conclusions reached by the candidate are necessarily the conclusions of the major department.

_____

Joseph M. White
Thesis Advisor Date

_____

Scott Gardner
Head, HDCFS Date

Dedication

I would like to thank my advisor for showing me the way, making me work harder than I ever have, and being patient with me when I wasn't as motivated as I should have been. Thank you to my husband, Tony, and my daughters, Emma and Shelby, for understanding my nervous breakdowns over computer crashes and NOT TOUCHING THAT when it came to the papers scattered across the floor. Thank you to my mother for still picking up the phone when I called to commiserate about my perfectionist advisor late at night. Thank you to my father, Danny, stepmother, Karen, and in-laws, Dennis and Linda for watching the grandkids so I could have moments of solitude, supporting me financially and in spirit, and keeping me motivated to finish. And a final thanks goes to my fellow graduate students and office mates who listened to my endless babble about this project, and for being there to bounce around ideas.

Abstract

The Well-Being of Children as Viewed Through Their Conceptions of Death

Jennifer A. Kampmann

August 2003

An explorative study was conducted to try and understand how young children's emerging death concepts form including, (a) what family demographics and child factors contributed to family well-being, (b) did family well-being influence children's social competence, and (c) did family well-being and children's social competence influence children's death conceptions. Although the subject of death contains many unique characteristics, it is not easily separated from other aspects of life; death is inseparable from the whole human experience (DeSpelder & Strickland, 2002). It was the assumption of this paper that children develop their conceptions of death based on the appreciation they hold for life; based on children's growth in pro-social behavior, self-worth, spirituality, values, and morals. The results indicated positive correlations between family spirituality and family pro-social behavior with a children's general social adaptation, as well as children's social competence and their death concepts as indicated through their artwork. In addition, several qualitative themes of children's death concepts emerged including friendship-like relationships with God and visions of Heaven and Hell. Most importantly noted were the associations between parent and child death concepts.

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CHAPTER I

Introduction

Much of the research on children and death does not address death concepts until age eight. Since these ideas are not formed overnight, the need exists to define key elements of social-emotional development that help young children (under age eight) form their early conceptions of death. It can be argued that the topic of death is so unfrequented by young children that there is no concern for educating them on such issues; however, as Dickinson and Leming (2002) suggest, age should not be viewed as the sole determinant of one's death concept. Many other factors influence death concepts including, level of intelligence, physical and mental well-being, previous life experiences, religious background, other social and cultural forces, personal identity, self-worth, and exposure to death (Dickinson & Leming).

A healthy concept of death may give children a much-needed appreciation for their own life as well as the lives of others. When children find a value and purpose in living, they may be less likely to use deviant behavior or violence to solve disputes physically, emotionally oppress others to boost their self-worth, or bully weaker children to be seen as valuable in the eyes of their peer group. A child's self worth is crucial to their formation of peer relations. Feelings of loneliness and despair have the potential for children to begin devaluing life and contemplating death.

In addition, children with a realistic perception of death may be able to make sense of the violent media images they are exposed to each day. As of 1998, children watched an average of 21 hours of television (not including music videos, Internet, or computer and video games) per week, typically beginning before the age of two (Villani, 2001); not just violent television but hectic, frantic programming leading to high levels of arousal in children, resulting in aggressive behavior (Smith, 1993). The more violent media children are exposed to, the more they like it; becoming desensitized and watching more (Walsh, 2002). "Concerns about a growing culture of 'incivility' in society, may be starting with our children" (Walsh, p. 1).

An important link likely exists between the key aspects children need to understand the value of life and their concepts of death. When trying to define the components of social-emotional development that help form a child's death concept, it appears that five key elements are contained in a healthy life perspective: pro-social behaviors, self worth, spirituality, values, and morality, emerge from the literature. Therefore, it will be helpful to understand these concepts. Pro-social behaviors[1], for example, give children the ability to form and maintain friendships, an important step to healthy functioning in society (Bentzon, 2000). Such behaviors are influenced by contact with appropriate models (Crain, 2000).

A child's sense of self worth[1] can work in tandem with peer relations. Children experiencing unsatisfactory interactions with their peer group can be

seen as lonely or unwilling to make friends. They may try to apologize for their behavior or resort to coercing other children to play with them (Galanaki & Besevegis, 1996). This is especially true in preadolescents who often become preoccupied with feelings of inadequacy (Galanaki & Azizi, 1999).

Spirituality[1], as defined in this study, does not necessarily mean religious orientation. Although each religion has its own views on life and death, spirituality, as defined in this study will exemplify a child's hopefulness or optimism for the future (Kimes-Myers, 1997) .

Values[1] determine the motivation behind how children act in a given situation. If parents have modeled appropriate values, their children have a greater chance of moving in the same direction. An important link to children's value systems (the motivation behind their actions) is their moral intelligence (their outward expression of their values). The moral intelligence[1] of children can be seen in their actions towards others (Coles, 1997). Moral behavior can also determine how others will react to the child. If, for example, the child plays with all people regardless of their social status, race, religion, etc, they will be regarded as an approachable person with the other's best interests at heart. It is not a far reach to make the connections from the level of a child's moral intelligence to their successful functioning in a peer group to their concepts of life and death. Although these key elements may or may not be present in the home, it is the goal of this study to pinpoint the extent to which each of these five key elements (pro-social behavior, self worth, spirituality, morality, and values)

are most influenced by peer and societal interactions and how successful the family unit is in combating that influence when it is unacceptable. These elements, therefore, will influence a child's death concept and ultimately how they will learn to cope with bereavement.

Hypotheses derived from these assumptions are H_1: Family demographics and child factors will determine the balance of family well-being. H_2: Family well-being is positively related to child social competence. H_3: Family well-being is positively related to child death concept. H_4: Child social competence is positively related to child death concept.

Rationale

Historical Impacts on Child Development

Parental roles and responsibilities have changed considerably as our society has evolved. Each era has brought new societal advances but none so obvious as the industrial revolution, sexual revolution, and the current technological revolution (Whitley, 2001).

The mainstay agrarian society prior to the industrial revolution saw families rooted in one community where children worked and learned about life and death beside their parents. Parents were spending the majority of their time teaching and modeling (a) *pro-social behaviors* by freely giving of their time and talents to others in the family or community (Bentzen, 2000), (b) *self-worth* by working hard because it made them feel good inside, not from extrinsic rewards like Nintendo or fast food (Charlesworth, 1996), (c) *spirituality* or a belief that life

has a greater purpose and a hopefulness for the future (Kimes-Myers, 1997), (d) *values* by putting God first, then family, community, and self (Gonzalez-Mena, 1998), and (e) *moral intelligence* by treating others as one would want to be treated (Coles, 1997). Although mothers were present in the home full time, value formation was typically a job for the fathers or other males in the family. At the end of the era, families, which were once entrenched in a single community, found themselves in a somewhat nomadic state. While fathers fled to the factories to earn a day's wages, the "moral educator" role shifted from father to mother (Whitley, 2001).

Later, during the sexual revolution, women who were fighting for equality on the home and career front and found themselves with little time for traditional parenting. A shift to having the community raise a child began to surface with an increasingly individualistic society. Concepts like "free love" only encouraged loose family structures void of moral instruction. Between work and relationships, parents were now spending less than half of their time teaching and modeling pro-social behaviors, self-worth, spirituality, values, and morality (Bianchi & Robinson, 1997). With the lack of these core issues, parents may find it increasingly hard to raise a socially and emotionally healthy child who can easily form and maintain friendships, care for others, as well as themselves, and learn to consider the needs of others before considering the needs of the self.

Finally, in the midst of the new technological revolution, parents are again finding less and less time for meaningful parenting. Full-blown materialism and

individualistic principles account for today's life lessons based on doing what one can for oneself and looking the other way rather than helping a person in need. Morality is something old people have, values are how much you can get for a dollar, and spirituality has gone by the wayside of political correctness. Although we still have the means to keep connected with our children (cellular phones, video cameras on computers, and pagers) parents are spending a relatively small number of their waking hours actively involved with their children (Pipher, 1994). Of those precious few hours, parents may actually spend an enormous amount of energy monitoring their children's intake of media, Internet, video games, movies, and television, rather than in personal interaction with them. Another revolution changing the roles of parenting seems inevitable. The hope may rest in educating parents about the importance their presence makes not only at home, but also in schools, communities, and with their children's friends.

Problem

The premise of this paper is that young children develop their conceptions of death based on the values they hold toward life, values they learn from parents, peers, and society. With little exploration on life and death attitudes of children under age eight, a need exists to determine what key elements of social-emotional growth are the precursors to death concept development. Identity formation, peer relations, and self-efficacy are important in school age children; however, critical timing of formation of life and death perspectives occurs earlier than elementary school (Charlesworth, 1996).

There is also a literary trend (Wunder, 1993; Riley & Burke, 1995; Erickson,1995; Gubrium & Holstein, 2000; & Altheide, 2000) in viewing the development of a child's self-concept, or self-worth, in terms of societal influences with little regard for how the role of self is defined within the family structure. "A need exists to look more carefully at the dynamics of the young and to their families' relating to the concept of death" (Dickinson & Leming, 2002, p. 33). The mass media and popular culture has perpetuated the notion of "taking a village to raise a child." In actuality, a child's identity begins, strengthens, and solidifies in the presence of actively engaged parents who take the time to instill the five key elements (pro-social behavior, self-worth, spirituality, values, and morals) of social-emotional development in their children. Understanding the family's importance in value formation may prove key to realizing the impact parents have on shaping their child's pro-social behavior, self-worth, spirituality, value formation, and moral intelligence. Future research should continue to explore the balance between parental involvement and societal, media, and peer group influence.

Finally, more information is needed as to what degree peer groups influence a child's perceptions of life and death. Recent research shows that active parenting, including the planning and initiating of peer contacts are associated with positive social outcomes (Hart, 1999). What needs to be addressed is at what ages, frequency, and duration does parental influence have to occur to make an impact on peer group choice and interaction.

Theoretical Foundation

Social Learning Theory

Although there are many theories that can define, explain, and predict the impact of parental involvement on a child's social and emotional development, this paper will use both social learning theory as a means to convey the importance of parental, peer group, and societal influences on children's social emotional development and symbolic interaction theory to spotlight the family's internal mechanisms that shape a child's view of reality which, in turn, dictates how they will function in society.

Bandura's social learning theory (SLT), in essence, suggests that children develop social behaviors by observing models (other people), which reinforces specific behaviors desirable or otherwise. Observing and replicating adults is the most influential way that very young children learn skills and acquire social behavior (Maxwell, 1998).

Modeling behaviors is not the only concept involved in SLT. Children also engage in four components of observational learning. They must first have the attention span and cognitive capacity to attend to the model. Children cannot imitate behavior unless the model can hold their attention (Crain, 2000). This may be one reason why television has such a powerful influence on very young children. Television provides the visual stimulation they crave and at short intervals that they can attend to.

Next, the child must retain the vision of the actions they observed, have the motor skills necessary to reproduce the modeled behaviors, and finally, must

be provided with some type of reinforcement or motivation to reenact observed behaviors (Crain, 2000). For parents, having the foresight to curtail their own behavior, knowing their children are imitating them, can prove futile unless each action made is followed by an explanation of why what the parent did was appropriate or not. It takes a conscious effort to react to situations and exhibit behaviors in a consistent and appropriate manner, not to mention providing a verbal explanation, to anyone watching, as to why this is an appropriate way to act. This could be why hurried adults tend to leave role modeling up to "the next person." Parents and adults who work closely with children have the most influence on how children view the world around them (Bandura, 1986). It is important for parents to realize that children are constantly learning by observation and interaction (Martin & Olivia, 2001).

Another important aspect of SLT is self-efficacy. Self-efficacy refers to one's judgments of how well one can persevere in any given situation. Self-efficacy determines which activities a person engages in or avoids and to what degree of frequency and duration he/she will attend to the activity even when faced with an obstacle (Galanaki & Azizi, 1999). According to Bandura (1997), efficacy beliefs can influence perseverance in the face of obstacles and failures, resilience to adversity, as well as stress and depression in trying situations-all very important when considering how children perceive a variety of stressful situations, including the loss of a parent or family member to death.

Hence, it is essential that parents not only monitor their children's role models outside the home, but also examine their own interactions, verbal and non-verbal, within the home. Children with poor or unacceptable role models may, in turn, exhibit poor or unacceptable behaviors. In addition, children who have low or delayed self-efficacy may experience more adversity when trying to acquire appropriate social-emotional coping skills.

Symbolic Interaction

Children do not function independently in a family dynamic. Parents, siblings, and relatives are all "actors" that each play a vital part in the family function as a whole. According to the focus and scope of symbolic interaction theory (SI), there are several basic assumptions that are at work within a family including (a) understanding the meanings our actions have on others, (b) defining the meaning and context of social situations, (c) each family member has a mind that can perceive, react, sense, and imagine, and finally (d) individuals are a product of their environment (Klein & White, 1996).

There are several key concepts within these assumptions including that of self-concept. Self-concept helps us define our identity and defines how we interact with others in daily life (Gubrium & Holstein, 2000). In young children identity formation occurs early in the toddler years when adults (typically parents) that are closest have the most influence over the children.

Another concept of SI is "socialization", or acquiring the symbols and attitudes of a culture (Klein & White, 1996). Children first acquire cultural

symbols through what is called the play stage, where they pretend to be "mommy" or "daddy", followed by a game stage where the children can incorporate themselves into a particular role; such as "teacher" or "firefighter."

Yet another key concept of SI is "role" (Klein &"White, 1996). In order to understand where one's place is in a family or society, it becomes essential to understand the rules and boundaries that apply to each role. It is also necessary to be able to put one's self in another's place to understand the roles and expectations that apply to them (Klein & White, 1996). Typically, individuals attach less importance to others' roles than their own (Riley, & Burke, 1995). This can be seen in what Piaget calls a child's egocentric (not being concerned with the needs of others) thought (Bentzon, 2000). That is why it is important for parents to help young children begin to view life through the perspective of others.

Finally, there is the concept of "defining the situation". This is where S.I. can become complex. Basically, Klein & White (1996) state that *how* an individual defines a situation (how it relates to them) is *real* to them, whether or not it is to others. This is often evident in children, for example, when an adult will say or act in an authoritative manner toward them. Children will take this as a threat to them, whether or not it was meant in that context. If it is *real* to the child, they will react with real emotion. Reality of situations can also be seen within the family structure. If the children are taught that stealing is acceptable if the end justifies the means (e.g. stealing bread because a loved one is hungry)

then they *believe* stealing is acceptable even if, to the rest of the world, it is not. This idea of *reality* leads back to Social Learning Theory and the importance of role models provided for young children. Obstacles for the child and family may occur when the family unit operates in a skewed reality.

[1]

[1] For the purpose of this study the following terms will be defined as; **Pro-social behavior** - social interaction is where two or more children engage in behaviors including, but not limited to, getting along with others, initiating and sustaining friendships, leading as well as following within a group, and the ability to resolve conflicts in a socially acceptable way (Bentzen, 2000). **Values** - although culturally dependent, values are how a child prioritizes whom/what is important in his/her life (Gonzalez-Mena, 1998). **Morality** - the emotional consequences for one's actions, this includes distinguishing good from bad, a sense of obligation, concern for the welfare of others, responsibility for one's actions, and honesty (Charlesworth, 1996). **Spirituality** - the way we ascribe meaning to the deeper level of existence that surrounds us and is in us and our relationships (Kimes-Myers, 1997). **Self –worth** - how a child feels about his/herself and how the child feels others view him/her (Charlesworth, 1996).

CHAPTER II

Influences on Social-Emotional Development

Parental Contributions

As stated by Harris (1998), parents who do well managing their lives and getting along with others, have children who do the same (Eberstadt, 1998). Contrary to popular belief, parents can have a say in how their children choose as friends. Recent research shows that active parenting, including the planning and initiating of peer contacts, is associated with positive social outcomes (Hart, 1999). Bandura might suggest that most young children typically struggle with efforts to gain autonomy from their parents, although this does not mean that they are not in need of parental modeling. Parents can provide needed guidance yet give children the ability to explore their environments which will most likely help them develop internal controls that are a result of the realization of their own actions and abilities (Carton & Nowicki, 1996). Excessive parental control may leave children prone to believe that the events of their lives are caused by anything but their own actions (Carton & Nowicki, 1996). Typically, tyrannical parenting leaves children with little sense of self-worth; feeling like any decision they make is wrong, leading to less reliance on their own internal mechanisms for acting in value laden or moral ways. It is possible to see how this environmental modeling may lead to an emotionally dangerous “blame game” where a child refuses to take responsibility for the behaviors and interactions they have with adults and peers. Children who come from families with poor parenting are more

likely to be at risk for emotional and behavioral difficulties all their lives (Hart, 1999).

Societal Influences

Villani (2001) states that many researchers have accepted the fact that children gain knowledge, learn behaviors, and have their value systems shaped by exposure to media, specifically, television and movies. This has led to regular assessment of a media history of pediatric patients to try to understand and prevent the epidemic of violence in America (Villani). The dominance of media in a child's daily life is astounding with 90% of preschool and elementary school children watching television each day as compared to 25% who have someone read to them (Bianchi & Robinson,1997). The inevitable influx of media which children are exposed to each day tends to help them define "selves" in the context of popular culture, individual consumption, performance, and success (Altheide, 2000). In terms of symbolic interaction, parents need to create a realistic model on which children can base their roles. If they feel confident of their role in family and society, they should develop a healthy self-concept. Media cannot always help children understand the role expectations of others. Therefore, parental screening and discussion during as well as after media is consumed can be an important step in helping them understand the roles to which they are exposed.

Given the demand for enhancing children's emotional learning, especially in the absence of parental modeling, some schools have adapted Social Emotional Learning programs or SELS. With pro-social goals in mind, these children are provided appropriate models of emotional management, appreciation for others view points, problem solving and interpersonal skill development (Payton et al., 2000).

Peer Influences

According to Galanaki & Azizi (1999), a young child's peer group is the most important social network in a child's life and is predictive of their later social and emotional well-being. They suggest that the peer group is where children gain and practice social skills and broaden and refine their interpersonal capabilities. Entry into peer groups, therefore, is a time when parents will observe how effective their modeling of pro-social behaviors, self-worth, values, spirituality, and morality have been. From a symbolic interaction perspective, parents and children who exhibit pro-social characteristics within the family structure will perceive this as reality and shift this understanding to others when they enter society. This demonstrates the importance of parents who are cognizant of their functioning within the family; they must remember that their inner family dynamics are transferable to others.

The tendency to behave pro-socially with peers is an important indicator of children's social competence (Stratton & Lindsay, 1999). The most likely outcome of difficulty functioning in a peer group is low peer status or rejection

that can lead to feelings of loneliness (Asher,1983). Children as young as five or six can experience adult-like symptoms of depression including poor self-worth, guilt, hopelessness, and helplessness (Ialongo, Edesohn, & Kellam, 2001). The most disturbing of these symptoms, hopelessness and helplessness, can lead to self-destructive behaviors including self-injurious tendencies and suicide. Although the likelihood of such final consequences in childhood may be small, it is important to understand children's concepts of death and how it may be related to personal and social functioning. Children's knowledge of death is likely quite different from that of adults and needs to be explored accordingly.

Synthesis of Findings

The emotional well-being of young children is certainly shaped by many influences both in and out of the home. With the lack of time modern parents have to monitor and model appropriate pro-social skills, self-worth, spirituality, values, and morality, there seems to be a demand for sources outside of the home to teach such life lessons. Yet, schools and communities cannot be held solely accountable for the social-emotional development of children. The responsibility for how children form their views about life and, consequentially, death, must be returned to the parents. Through modeling appropriate behaviors, monitoring interactions with peer, and promoting self-efficacy, parents can produce a morally sound, spiritually grounded, socially responsible child which, in turn, will make succeeding generations even more socially and emotionally healthy. The hope may rest in educating parents about the

importance their presence makes not only at home, but also in schools, communities, and with their children's friends.

CHAPTER III

Methods & Procedures

Measuring children's death concepts can best be done in a three-part process of observation, interview, and artistic interpretation. First, the children will be observed, by their lab instructors, interacting with their peers and the adults in their classrooms. Next, children will listen to a story in which one of the characters dies. A series of questions will then be asked regarding what the children believe happened to the person who died. Finally, the children will make an artistic representation of what death means to them. This blend of information will give a more complex representation of their perception of death. Each developmental domain (social, emotional, physical, cognitive) will be examined with this interactive approach (Allen & Manotz, 1994). From a developmentalist's perspective, observing the "whole child" is crucial to understanding a child's uniqueness and how environmental influences have affected every aspect of his/her life (Bentzon, 2000).

Participants

Data was collected from the morning and afternoon sessions of the four and five-year-old classrooms at the South Dakota State Laboratory Preschool. The SDSU Laboratory Preschool is a one-half day preschool program, which provides educational services to children ages fifteen months to five years of age. This preschool has a diverse population of children from differing cultures as well as some children with special needs. The SDSU Laboratory Preschool is

also a training institution for college students enrolled in the Early Childhood Education program.

The age range for participants in this study began at three years-eight months of age and stopped at five years-two months of age. All children regardless of race, ethnicity, sex, ability, or socioeconomic status had equal opportunity to participate. The targeted sample size for this study was 40.

Procedures

Children. Data was collected from children through interviews, art work samples, and teacher observations. Children first listened to the book The Day I Saw My Father Cry by Bill Cosby (2000). The story contains a situation in which a friend of Little Bill's family dies from a heart attack. Children were asked to pay attention to the story and respond to a few questions about the situation. Following the story the children were asked a series of ten questions concerning how the story made them or others feel (see Appendix A). The answers the children provide were coded and categorized under the afore mentioned five key components of healthy social-emotional well-being (pro-social behaviors, self-worth, values, spirituality, and morality) (see Appendix B). If the child withdrew physically or emotionally or showed signs of discomfort (arms crossed over the chest, loss of eye contact, moving away from the interviewer) the interview was stopped. Parents had the opportunity to be present at any or all times during the interview process and were able to determine, at any time, if the interview should stop.

As the child finished the interview, the researcher and child engaged in a picture drawing session about how death makes him/her feel. As each piece of artwork was completed, the child was asked to describe it. The researcher then wrote the responses directly on the artwork (see Appendix C). All child interviews and artwork descriptions were audio taped. These tapes were then referred to, as needed, when completing the results section of the study.

Parents. Each child's mother completed a Family Well-Being Survey (FWBS) which consisted of 46 Likert scale questions (1 = strongly agree, 5 = strongly disagree), family demographics, and 5 yes/no questions. This survey was designed to measure the balance of a family's well-being (pro-social behaviors, spirituality, morality, self-worth, and values). This was able to be completed at the parents' convenience and took approximately 20 minutes.

Teachers. The child's lab instructor completed a Social Competence and Behavior Evaluation (SCBE) Preschool Edition scale. This involved a brief observation of the child interacting with peers and adults, followed by an 80 item questionnaire concerning the child's behavior and interaction skills. Each SCBE was completed within 15 to 20 minutes. This assessment was given before any of the child measures were administered and the lab instructors tallied the results before turning them over to the researcher.

Measurements

Social Competence and Behavior Evaluation. The Social Competence and Behavior Evaluation (SCBE) Preschool Edition (Lafreniere & Dumas, 1995)

was completed by each child's student teacher or lab instructor (see Appendix D). The SCBE (formerly the Preschool Socio-Affective Profile) is now a standardized instrument designed to evaluate the social competence, affective expression, and adjustment difficulties in children ages 2.5 to 6.5 years of age.

There are eight behavior scales measured by the SCBE, including 1) Depressive-Joyful, 2) Anxious-Secure, 3) Angry-Tolerant, 4) Isolated-Integrated, 5) Aggressive-Calm, 6) Egotistical-Pro-social, 7) Oppositional-Cooperative, and 8) Dependent-Autonomous. These eight scales will be condensed into three general categories, level of social competence (**SSC**), affective expression (**SAE**), and adjustment difficulties (**SAD**). Statements within each scale are rated as never (1), sometimes (2-3), often (4-5), and always (6). The range of scores on each scale is from 0 to 50, with the overall SCBE score ranging from 0 to 400.

Chronbach's Alpha for overall SCBE reliability has been reported between .80 and .89; with an interrator reliability of .72 to .89. Validity scores for social competence range from .66 to .81, externalizing problems from .83 to .88, and internalizing problems from .64 to .84 (LaFreniere & Dumas, 1995). Sample SCBE rating statements include; sensitive to others problems, does not respond to other children's invitation to play, and persistent in solving own problems.

Family Well-Being Survey. Each mother was given a Family Well-Being Survey which was designed to measure a family's balance of pro-social skills, values, morality, self-worth, and spirituality (see Appendix E). The survey was comprised of 46 questions with Likert scale responses (1=strongly agree,

5=strongly disagree), 6 yes/no (no=0, yes=1) questions, and demographic information on the family and child in the study. Of the 46 Likert questions, 8 pertain to morality, 8 relate to pro-social behaviors, 8 concerned self-worth, 10 for spirituality, and 12 represent values. Question #12 under Parent Information is an essay question designed to act like a parent interview, where the mother was asked to describe her feelings about death/dying. This question was coded the same as the child interview (see Appendix B). Questions number 10, 16, and 17 came from the Family Strengths Survey (Olson, Larsen, & McCubbin, 1982). The researcher created the remaining items.

The ranges of possible scores for each well-being trait are morality (8-40), pro-social behavior (8-40), self-worth (8-40), spirituality (10-50), and values (12-60). Overall Family Well-Being scores will range from 46 – 230.

Interview and Artwork. Interview and artwork coding were developed using what the literature says about each of the, researcher developed, five key components of child social-emotional well-being (morality, pro-social behavior, spirituality, values, and self-worth). A score of +1 was given for each “positive well-being” (see Appendix B and C) artwork representation and interview response, a score of –1 for each “negative well-being” artwork representation and interview response, and a score of 0 for artwork representations and interview responses containing both positive and negative responses. A missing data code (–9) was entered for those who do not participate at all. Missing data scores indicate an indifferent child death concept, suggesting the child does not

care, has no ideas, or is refusing to participate in the death discussion; they simply have no opinions on the topic at this time. For those who participated but do not answer a given question or respond to the artwork session, a score of -1 was given.

It is anticipated that these combined scores will be representative of a child's death concept, which were categorized as irrational (**CDCIR**), rational (**CDCRA**), or indifferent (**CDCIN**). It was anticipated that children with a rational death concept category would demonstrate a balance of positive and negative ideas of death or what may be called a "healthy fear" of death. They realize it is frightening and hard to imagine, yet have ideas of peacefulness about the process of dying. Children with an irrational death concept may, on the one extreme, embrace it with wild bludgeoning fantasies, agitation, or withdrawal from the discussion but, on the other extreme, have no concept of the permanency of death as evidenced through inappropriate emotions and comments.

Sample interview questions include "How do you think Little Bill and his father felt about their friend dying?", "Have you ever known someone or something (like a pet) who died and how did that make you feel?", "What do you think happens to a person or pet when they die?", and "What is the difference between someone who dies on television and someone who dies in real life?" The artwork representation were derived from asking the child (post-interview) to draw a picture of what they thought of when they hear the word death, or dying,

how death or dying makes them feel, or what they thought happens to someone when and after they die.

Parent variables. The demographic variables in this study included the parent's relationship to child in the study (**PRC**), parent age (**PA**), occupation (**PO**), income **(PI)**, education (**PE**), ethnicity (**PET**), and parent place of residence (**PPR**).

Child variables. Child demographics included the number of children in the child's immediate family (**CN**), child birth order (**CBO**), number of extended family living close to the child (**CE**), child age (**CA**), child gender (**CG**), and time spent in child care (**CCC**).

Chapter IV

Results

Participants

Participants in this study included six 4 year-olds, ten 5 year-olds, one 3 year-old (17 total), and their mothers. There were 11 boys, ages 4 and 5, 5 girls, ages 4 and 5, and 1 girl, age 3. Twenty families originally signed up for the study but two children refused to participate in any of the activities and one family refused to fill out the Family Well-being Survey. With the amount of missing data this would provide, it was deemed in the best interest of the study to drop those three participants from the study.

Child Demographics

The average child age in this study was 5 years old and all were Caucasian. None of the children had any type of special needs and were developing appropriately. All but three of the children participating had at least one sibling. The birth orders of children in this study included 11 who were the youngest, 2 who were middle children, and 4 who were the oldest. Eight children attended some type of childcare during the day while nine did not. Of those attending childcare, seven attend home childcare while one was is in a childcare center. One child attending childcare was reported to be there more than fifteen hours per week while the remaining seven were reported to be there less than fifteen hours per week.

Nine of seventeen children had experienced the death of a pet prior to participation in this study. Length of time since experiencing a pet death ranged

from four months to three years. Six of seventeen children had experienced the death of a family member prior to participation in this study. Length of time since experiencing a family member death ranged from three months to three years. three of the six children experiencing a family member death had also experienced a pet death.

Parent Demographics

Over two-thirds of mothers filling out the Family Well-being Survey reported having a college degree and were employed as professionals in their field. Four mothers had only a high school education. Five mothers were stay-at-home moms. While only three mothers reported having no previous discussions of death with their children, fourteen had discussed it at some point in time. Mothers of four of the nine children experiencing a previous death of a pet reported perceiving the death as being traumatic for their child. One mother, of the six who reported their children had experienced a previous family member death, reported perceiving the death as traumatic for her child.

The open-ended question about mother's views of death generated three types of responses. Three mothers had no comment and were coded the indifferent type. Twelve mothers had a positive type of response. Ten responded with some sense of death as being a "natural part of life" and, although containing no negative association, two mothers reported an uncertainty about what happens after death. Finally, two mothers were coded in the negative type. They described their aversion to the topic of death and said it

was a subject with which they were uncomfortable. In fact, these mothers do not discuss death with their children at all. Guidelines were developed in the Interview Coding table to define parameters for interview and artwork scoring (Appendix B). In sum, parent death responses produced 12 positive, 3 indifferent, and 2 negative death concepts.

Family Well-being Scores

The Family Well-being Survey consisted of 46 Likert scale questions (1 = strongly agree, 5 = strongly disagree), family demographics, and 5 yes/no questions. This survey was designed to measure the balance of a family's well-being (pro-social behaviors, spirituality, morality, self-worth, and values).

Table 1

Family Well-being Scores (*N* = 17)

	Family Spirituality	Family Self Worth	Family Morality	Family Values	Family Pro-Soc Behavior	FWB Overall
Mean	22.24	14.29	16.29	23.82	22.76	99.41
Median	23	14	15	23	23	99
Mode	23	13[a]	15	22[a]	21[a]	99
SD	2.463	2.144	2.418	4.035	3.032	10.205
Variance	6.066	4.596	5.846	16.279	9.191	104.132
Range	9	9	8	14	12	37
Minimum	18	9	13	16	16	81
Maximum	27	18	21	30	28	118

[a.] Multiple modes exist. The smallest value is shown.

Child Interviews

Child interview questions were developed to get the child's reaction to the story The Day I Saw My Father Cry by Bill Cosby (2000). Each question had a specific purpose, as will be described later. Operationalization of the coding for each question was based on insight from the empirical literature regarding five key components of social-emotional development: spirituality, morality, self-worth, pro-social behavior and values. A full description of interview coding procedures is available in Appendix B.

Interview Questions

Question #1. "Who was Allen Mills"?

This question was designed to determine whether-or-not the child was paying attention and following the story line. Allen Mills is the main character in the book; the person who dies. Two of seventeen children could verbalize that Allen Mills was the "neighbor" in the story. Fifteen of seventeen children could not verbalize who Allen Mills was but could point to the picture of him in the book when the researcher asked if they could identify him.

Question #2. "What happened to him in this story"?

This question was asked to again obtain a sense of how well each child was understanding the context of the story. Nine of seventeen children mentioned some idea that Allen Mills had died in this story. Several children verbalized that he died "of a heart attack"; while others just said he was dead. The remaining children either shrugged or responded, "I don't know."

Question #3. "How did that make Little Bill and his father feel"?

This question was designed to see if the children understood the story line; if they understood what was happening to all the characters involved with the character that died, and if they could appropriately label emotions associated with death and dying. Two of seventeen children had no response. Those who did answer understood that the emotion "sad" was an appropriate response to how the characters felt concerning the death of their friend.

Question #4. "What does your mom and dad tell you happens when a person dies"?

The children were then given an opportunity to describe what they know about dying without any leading from the researcher. Five of seventeen children reported that their parents do not, or have not, discussed death with them. Of the remaining twelve, there was a common theme of going to heaven or the sadness of loved ones left behind when a person dies.

Question #5. "Have you ever known someone, or something, like a person or an animal, who died"?

The answers to this question gave the researcher a base knowledge of the children's previous experiences with death. This gave the researcher information to tailor the next few questions to meet the needs of each particular child and to decide, by the tone of the answer, how far to question each child without infringing on their emotional boundaries. Ten of seventeen children had experienced the death of a loved one (typically a grandparent) or a pet (typically

a dog) prior to their participation in this study. Nine of the ten then reported appropriate feelings of loss and sadness, while one child expressed the death of his dog as a wild melee of hammers and nails and an exploding heart.

Question #6. "How did that make you feel"?

The researcher then continued asking about their previous death experience to gain the children's perspective of how their previous death experiece(s) affected them, in their own words. Those reporting the loss of a loved one or pet (ten out of seventeen) responded that the experience made them feel sad.

Question #7. "What do you think happens to a person or animal *when* they die"?

This line of questioning was designed to assess the child's view of what is involved in the dying process; how does a person go about dying? The hopes were that each child would give their own version of what happens to a person physically, or spiritually, when they are in the process of dying. Two of seventeen children could verbalize the cause of death of a loved one or pet. These responses were "his heart stopped beating", and "he [the dog] got runned over by a car". There were fifteen responses of "I don't know".

Question #8. "What do you think happens to a person or animal *after* they die"?

This question was asked to gain the child's perception of what happens to a person, or animal, *after* the process of dying has occurred; what happens to the body and the spirit. Six of ten children reporting a prior death experience expressed a belief that the loved one, or pet, is now in heaven and that heaven is

a happy place to be. Several reported of the departed being able to “watch,” from heaven, those they left behind and the deceased having some type of “friendship-like” relationship with God. The remaining four children either had no response or reiterated their answers from the previous question about what happens during the physical act of dying but could not express thoughts about the afterlife.

Question #9. “Do you ever see people die on television”?

This question was asked to explore what types of death imagery the children were exposed to in media form. Eight of seventeen children reported that they have seen death occur on television. A recurring theme of cartoon violence was noted in their responses. Also, several children reported viewing adult themed programming with their parents.

Question #10. “How does that make you feel”?

This question was asked to explore how these graphic images affected the children emotionally. Variations of how children felt when seeing death on television ranged from, “it was a good movie”, to “sad”, “bad”, and “scared”.

Question #11. “Is it real if it’s on television”?

These answers helped to support current research findings that children often emulate what they see on television because of their misunderstanding between fantasy and reality. Four children said what they see on television is not real, one of those four reported that only what you see on the news is real. Seven children reported what they see on television is real, one child did not

know, and five had no response.

Question #12. "What is the difference if something happens on television or in real life"?

This question was meant to discover how children differentiated between fantasy and reality. There was no significant response set to the question with fifteen of seventeen children giving no response.

Child Artwork

Children's artwork scores were obtained by following the Artwork Scoring Table (Appendix C). Operationalization of coding for each question was based on findings in the literature related to each of the five key components of social-emotional development; spirituality, morality, self-worth, pro-social behavior and values (Bentzen 2000, Charlesworth 1996, Gonzalez-Mena 1998, & Kimes-Myers, 1997). Each child was asked to draw a picture about what they think happens when a person dies, after a person dies, or how the word death makes them feel. Children who reported having experienced a death of a pet or loved one prior to participation in this study were encouraged to draw how that experience made them feel, what they thought happed to that person or pet, or what the deceased is doing now. Since many of them expressed some thoughts of the deceased going to heaven, it was most appropriate for them to draw what they thought heaven was like. The artwork scores ranged from a low of –4, to a high of +5. In total there were ten positive, two negative, and five indifferent child death concepts (**CDC**) represented in their artwork. Those with positive CDC's

had artwork depicting heaven as a happy place, with a God who takes care of the dead, and some version of how the deceased watches, from heaven, those left behind. Negative CDC's included imagery of the dead being in a void, dark space and a vicious beating of a dog. Indifferent views of death included pictures of everything from a rendering of The Three Billy Goat's Gruff, to the child who "just wanted to draw mountains."

Social Competence and Behavior Evaluation Scale (SCBE)

The SCBE is a standardized instrument designed to evaluate the social competence, affective expression, and adjustment difficulties in children ages 2.5 to 6.5 years of age.

There are eight behavior scales measured by the SCBE, including 1) Depressive-Joyful, 2) Anxious-Secure, 3) Angry-Tolerant, 4) Isolated-Integrated, 5) Aggressive-Calm, 6) Egotistical-Pro-social, 7) Oppositional-Cooperative, and 8) Dependent-Autonomous. These eight scales were condensed into three general categories, level of social competence (**SSC**), affective expression (**SAE**), and adjustment difficulties (**SAD**). Statements within each scale were rated as never (1), sometimes (2-3), often (4-5), and always (6). The range of scores on each scale is from 0 to 50, with the overall SCBE score ranging from 0 to 400.

Chronbach's Alpha for overall SCBE reliability has been reported between .80 and .89; with an interrator reliability of .72 to .89 (LaFreniere & Dumas, 1995). Validity scores for social competence range from .66 to .81, externalizing

problems from .83 to .88, and internalizing problems from .64 to .84. Sample SCBE rating statements include: sensitive to others problems, does not respond to other children's invitation to play, and persistent in solving own problems.

Scores from the SCBE depicted the child's ability to interact with peers and teachers, how they handle social stress (do they turn inward or lash out), and how they react emotionally to changing environments. This measure was included in this study to provide another dimension of the "whole child" in terms of their social and emotional development. The interviews and artwork provided the child's view, the Family Well-being Survey gave the parent perspective of the child and family, and the SCBE gave the teacher's perspective (while giving the child a chance to be observed objectively).

Table 2

SCBE Scores (*N* = 17)

	Social Competence	Internalizing Problems	Externalizing Problems	General Adaptation
Mean	135.88	78.06	85.65	163.71
Median	136	79	85	164
Mode	136a	69a	81a	172
SD	19.937	7.420	6.214	9.655
Variance	397.485	55.059	38.618	93.221
Range	60	28	24	30
Minimum	106	60	73	146
Maximum	166	88	97	176

[a.] Multiple modes exist. The smallest value is shown.

Overall Findings

It appears that findings from this study contradict existing research on children's perceptions of death. The children in this study displayed an

uncomplicated, yet profound understanding of death and of heaven and hell. This study also supports the notion of transference of beliefs from parent to child, key components of Social Learning theory. It may be that researchers have underestimated the actual grasp young children have on the concept of death.

This project was exploratory in nature, given the paucity of research on children's conceptions of death. There is much discussion on how to explain death to children and on how children will react to death, but empirical evidence of children's everyday feelings about life and death is lacking. It is thought that family demographics and child factors may influence family well-being which may influence children's social competence. Therefore, if this is the case, it may be that family well-being and children's social competence ultimately influence children's death conceptions. The research questions guiding this study strive to understand how emerging death concepts are formed including (a) what family demographics and child factors contribute to family well-being, (b) does family well-being influence children's social competence, (c) does family well-being influence children's death concepts, and (d) does children's social competence influence their death conceptions.

Hypotheses derived from these research questions were H_1: Family demographics and child factors will be associated with family well-being. H_2: Family well-being is positively related to child social competence. H_3: Family well-being is positively related to child death concept. H_4: Child social competence is positively related to child death concept.

Hypothesis 1

To test Hypothesis 1, univariate ANOVAs were performed using family demographics and child factors to determine group differences with family well-being (Table 3). Most one-way ANOVAs did not produce statistically significant results. F-values, with one exception, ranged from 2.41 to .01. Therefore, the null hypothesis cannot be rejected, suggesting little connection between family well-being scores and family demographics or child factors. One exception was the category of parent occupation. Mothers in the "other" category (stay at home mothers, in home child care providers, or general laborers) had higher family well-being compared to mothers employed as professionals. Given that this is an exploratory study, adjustments for alpha inflation were not made. These findings are either a result of alpha error or an actual significant difference that may have implications for mother's perceptions about the quality of time spent together.

There was a significant difference in family well-being between the 2 parent occupation groups ("professionals" vs. "other"), F (1,15) = 5.58, p<.05, η^2 = .27. There were no differences between the 2 parent education groups ("undergraduate and above" vs. "high school and under"), F (1,15) = 1.47, p> .05, η^2 = .09. There were no differences in family well-being scores between families with one child or two or more, F (1,15) = 2.41, p> .05, η^2 = .14. There were no differences in family well-being scores between families living in town or in the country, F (1,15) = .171, p> .05, η^2 = .01. No differences were found between

child age groups (>=4 and <4), F (1,15) = 2.35, p> .05, η^2 = .14. Child gender produced no well-being differences, F (1,15) = .071, p> .05, η^2 = .01. There were no differences in family well-being scores between children attending childcare or not, F (1,15) = .127, p> .05, η^2 = .01. Whether or not a child had attended the funeral of a family member showed no effect on family well-being, F (1,15) = .263, p> .05, η^2 = .02. There were no differences in family well-being scores between parents who have discussed death with their children, F (1,15) = .011, p> .05, η^2 = .001. Whether or not a child had experienced the death of a pet showed no effect on family well-being, F (1,15) = .011, p> .05, η^2 = .001. Finally, there were no differences between children having experienced a traumatic pet death or not, F (1,15) = .942, p> .05, η^2 = .06.

Table 3

Family Well-Being and Family Demographics and Child Factors (N = 17)

	Groups	Sum of Squares	df	Mean Square	F	Sig.	Eta Squared
Parent Occupation	Between	452.001	1	452.001	5.584	.032	.271
	Within	1214.117	15	80.941			
	Total	1666.118	16				
Parent Education	Between	149.060	1	149.060	1.474	.244	.089
	Within	1517.058	15	101.137			
	Total	1666.118	16				
Number of Children	Between	230.684	1	230.684	2.411	.141	.138
	Within	1435.433	15	95.696			
	Total	1666.118	16				
Residence	Between	18.739	1	18.739	.171	.685	.011
	Within	1647.379	15	109.825			
	Total	1666.118	16				
Child Age	Between	226.118	1	226.118	2.355	.146	.136
	Within	1440.00	15	96.00			
	Total	1666.118	16				

Table 3 (continued)

	Groups	Sum of Squares	df	Mean Square	F	Sig.	Eta Squared
Child Gender	Between	7.875	1	7.875	.071	.793	.005
	Within	1658.242	15	110.549			
	Total	1666.118	16				
Attends Daycare	Between	14.020	1	14.020	.127	.726	.008
	Within	1652.097	15	110.140			
	Total	1666.118	16				
Child Attended Funeral	Between	28.761	1	28.761	.263	.615	.017
	Within	1637.357	15	109.157			
	Total	1666.118	16				
Discussed Death with Child	Between	1.261	1	1.261	.011	.917	.001
	Within	1664.857	15	110.990			
	Total	1666.118	16				
Pet Death	Between	1.243	1	1.243	.011	.917	.001
	Within	1664.875	15	110.992			
	Total	1666.118	16				
Traumatic Pet Death	Between	98.445	1	98.445	.942	.347	.059
	Within	1567.673	15	104.512			
	Total	1666.118	16				

Hypothesis 2

A regression analysis was used to test Hypothesis 2 by using the overall Family Well-Being Survey scores and the Social Competency scores from the SCBE (Table 4). Table 4 displays the correlations between the variables, the unstandardized regression coefficients (*B*) and intercept and the standardized regression coefficients (ß). *R* for regression was not significantly different from zero, F (1,16) = 6.41, p>.05. Family well being did not contribute significantly to prediction of social competency.

Table 4

Family Well-Being and Social Competence

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	242.159	42.183		5.741	.000
	Family Well-Being-Overall	-1.069	.422	-.547	-2.532	.023

Hypothesis 3

Hypothesis 3 was also tested using regression analysis by comparing the overall Family Well-Being Survey scores with the Child Death Concepts scores (Table 5). Table 5 displays the correlations between the variables, the unstandardized regression coefficients (*B*) and intercept and the standardized regression coefficients (ß). *R* for regression was not significantly different from zero, $F(1,16) = 2.10$, $p>.05$. Family well being did not contribute significantly to prediction of child death concept.

Table 5

Family Well-Being and Child Death Concepts

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	-1.339	1.506		-.889	.388
	Family Well-Being-Overall	2.175E-02	.015	.349	1.442	.170

Hypothesis 4

Hypothesis 4 looked at the SCBE scores compared with the Child Death Concept scores using regression analysis (Table 6). Table 6 displays the correlations between the variables, the unstandardized regression coefficients

(*B*) and intercept and the standardized regression coefficients (ß). *R* for regression was not significantly different from zero, *F* (1,16) =.02, *p*>.05. That is, the IV did not contribute significantly to prediction of child death concept. Apparently the way children's death concepts were scored suggested that there is no association with social competency (i.e., the ability to function appropriately with peers and adults).

Table 6

Social Competency and Child Death Concepts

		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Std. Error	Beta	t	Sig.
1	(Constant)	136.945	8.322		16.455	.000
	Child Death Concept	-1.291	8.088	-.041	-.160	.875

Ad Hoc Analyses

After further analysis it appears that the original hypotheses were too generalized. These statements failed to look at the many layers of each measure (e.g., analysis involving subscales). Given the exploratory nature of this study, it was deemed appropriate to explore the associations between the subscales in the study. Ad hoc analysis using the Family Well-Being survey subscales and the SCBE subscales produced evidence of significant correlations between the five key aspects of social-emotional development, death concepts, and a child's family well-being and social competence (Table 7).

Family well-being scales scores were correlated in the expected direction. For example, Family Spirituality was significantly related to Family Values (*R* =

.55), Family Self-Worth was significantly related to Family Morality (*R* = .34), Family Values were significantly related to Family Morality (*R* = .54), Family Pro-Social Behavior was significantly related to Family Morality (*R* = .45) and Family Values (*R* = .70). SCBE subscale scores were also correlated in the expected direction. For example, Social Competence was significantly related to Internalizing Problems (*R* = .41) and Externalizing Problems (*R* = .52).

The most important correlation in the table may be between Artwork and the SCBE subscale of Social Competence (*R* = .54). However, there were a few peculiar and unexpected correlations between Family Well-Being subscales, SCBE subscales, and artwork scores. For example, Social Competence was negatively related to Family Pro-Social Behavior (*R* = -.81) and Family Values (*R* = -.51). Internalizing Problems was negatively related to Family Morality (*R* = -.39), Family Values (*R* = -.44), and Family Self-Worth (*R* = -.54). Artwork scores (part of the composite child death concept) were negatively related to Family Morality (*R* = -.44), Family Values (*R* = -.41), and Family Pro-Social Behavior (*R* = -.51.

Table 7

Correlation Table (*N* = 17)

	1	2	3	4	5	6	7	8	9
1 Child Death Concept									
2 Artwork	-.028								
3 Family Spiritual	.387*	.125							
4 Family Slf Worth	.040	-.172	-.049						
5 Family Morality	.402*	-.438**	.124	.344*					
6 Family Values	.231	-.415**	.552**	.310	.537***				
7 Family Pro Social	.204	-.511**	.276	.232	.453***	.696**			
8 Social Comp	-.041	.536**	.034	-.249	-.257	-.509**	-.810***		
9 Internal Problems	.016	.234	.256	-.037	-.388*	.444**	-.538**	.414**	
10 External Problems	.126	.050	.259	.144	.353*	.212	-.174	.519**	-.005

*<.10 **<.05 ***<.01

Hypothesis 2b & 3b

Hypothesis 2 was expanded to include the subscales of the Family Well-Being Survey. A standard multiple regression was performed between general adaptation (the overall SCBE scale) and the five Family Well-Being subscales of family spirituality, self-worth, morality, values, and pro-social behavior as the

independent variables. A stepwise approach to regression was used, given the multicolinearity between the Family Well-Being subscales.

Table 8 displays the correlations between the variables, the unstandardized regression coefficients (*B*) and intercept and the standardized regression coefficients (ß), and the semi partial correlations (sr^2). *R* for regression was significantly different from zero, $F(2,14) = 8.75$, $p<.05$. Only two of the IV's contributed significantly to prediction of general adaptation and were included in the stepwise procedure - Family Pro-Social Behavior ($sr^2 = -.65$) and Family Spirituality ($sr^2 = .53$). Altogether, 56% (49% adjusted) of the variability in General Adaptation was predicted by knowing scores on these two dependent variables.

Hypothesis 3 was also reanalyzed using the Family Well-Being subscales as independent variables and Child Death Concept as the dependent variable. However, none of the variables entered into the stepwise regression equation because they were not significant. Whereas Hypothesis 2 changed it's outcome significantly by using the subscales, the outcome of this hypothesis remained the same.

Table 8

Stepwise Multiple Regression of Family Well-Being Subscales and General Adaptation (N = 17)

	SCGEN	FPSB	FSPT	FMRL	FVAL	FSWT	B	β	sr^2
FPSB	-.526						-2.16**	-.68	-.65
FSPT	.363	.276					2.16*	.55	.53
FMRL	-.071	.453	.124						
FVAL	-.205	.696	.552	.537					
FSWT	.065	.232	-.049	.344	.310				
						Intercept = 164.87			
Means	163.71	22.76	22.24	16.29	23.82	14.29			
SD	9.65	3.03	2.46	2.42	4.03	2.14			
								R^2 = .56	
							Adjusted	R^2 = .49	
								R = .75*	

**p<.01 *p<.05

[a] Abbreviations = SCGEN (SCBE General Adaptation), FPSB (Family Pro-Social Behavior), FSPT (Family Spirituality), FMRL (Family Morality), FVAL (Family Values), FSWT (Family Self-Worth).

Qualitative Analysis

Although quantitative analysis did not yield significant findings among the stated hypothesis, the qualitative proportion of this study did produce important themes. Themes that emerged include similarities in mother/child responses when the mother had previously spoken to the child about death, mother/child dissimilarities when the mother did not speak previously to the child about death, the appearance of the five key components of social-emotional well-being, and ideas of God and Heaven. These themes will be discussed in Chapter 5.

Chapter V

Discussion

Synthesis of Statistical Findings

This study concentrated on the every day thoughts that children have regarding death and how their life values and social-emotional health might be related to these thoughts. However, there were few significant findings with any of the hypotheses. A potential reason for this may be that the hypotheses for this study were too broad. There was no association between family well-being and any of the demographic family features or child factors, with the exception of stay a home mothers rating their family well-being higher than mothers who are working professionals. This could be a result of the working mothers' perception that they do not spend enough time with their children teaching them life lessons due to their absence in the home the majority of the day or it may simply be a result of alpha error. No correlations were found between family well-being and the child's social competence, family well-being and children's death concepts, or children's social competence and death concepts.

However, additional correlations using the subscales of the Family Well-Being Survey and the SCBE did produce significant findings. Most interesting was the high correlation between the rating of children's artwork and their social competence scores (R = .54). Even with independent teachers evaluating each piece there seems to be a connection between the children's ideals of death (scored by the researcher regarding their artwork), and their ability to function

appropriately with their peers (scored by their teachers). It appears that each teacher has come to similar conclusions regarding the child's social-emotional growth thus providing some reliability to these procedures.

Other correlations showed peculiar results. These unexpected findings may be the result of coding, metric issues, and small sample size. Future factor analysis of the Family Well-Being Survey (with a larger sample size) will lead to refinement of this tool for use in future studies. Also, a factor analysis of the Social Competence and Behavior Evaluation may identify why items on the Family Well-Being Survey and the SCBE had questionable correlations.

Findings from Hypothesis 2b have indicated that family pro-social behavior and family spirituality may predict a child's general social adaptation (adjusted R^2= .49). This relationship is most likely attributed to the similar elements in spirituality's hopefulness for the future and the caring for others attitude in pro-social behavior that would likely influence a child's ability to cope well in diverse classroom situations, react with appropriate emotions to trying circumstances, and have the ability to interact appropriately and positively with peers and other adults in the classroom as measured in the general adaptation scores. However, strong caution about this finding is warranted given the exploratory nature and small sample size of this study.

There were, however, qualitative results that suggest the presence of five key components of social-emotional well-being (morality, spirituality, pro-social

behavior, self- worth, and values) in the children's artwork, interviews, and parent responses regarding their death conceptions as well as emerging death themes.

Manifestations of Five Components in Parent and Child Responses

It is apparent from the interview and artwork responses that preschool age children have concepts of death that include permanency, realistic assumptions of what happens to a person when they die, and appropriate labeling of emotions associated with death. In addition, emerging themes were evident in the child interview, artwork, and parent responses that suggest the existence of five specific key components in a child's social-emotional well-being.

Pro-social behavior. Many children responded with notions of caring for others as they described loved one's looking down from heaven and watching those left behind. Descriptions of nurturing others can be seen in responses like "When I die it will break mommy, daddy, and Johnny's [name changed for confidentiality] heart." This child seems to be concerned with the emotional welfare of others and it may be that he has evolved out of his preschool egocentrism since he is concerned with how his death would affect his family. Other pro-social responses include "Heaven is a place with no bad guys and no bad dreams," " I would never do it [hurt a mouse] in real life. He would get hurt," and "They [papa and George] died together when I was little. Now they are in heaven holding hands because they are neighbors and friends." As evident in the results of Hypothesis 2b, pro-social behavior may be a predictor of a child's general social adaptation.

Morality. With morality defined as the ability to recognize and label appropriate emotions, it appears that each child in this study was able to identify "sad" as an appropriate emotion associated with death. Many children identified the characters in the book as being saddened over the loss of their friend. In addition, most of the children were able to identify sad as an emotion felt when they experienced death. Conversely, happy was the emotion most associated with thoughts of heaven. For example, many children reported heaven as "A great place for people to go because God takes care of them by helping them," or "They just like it up there because it's a happy place."

Values. This study defined values as one's ability to have some type of hierarchical order to the purpose of life. Values can be culturally sensitive but typically manifest themselves with the presence of God or some higher power first, followed by family, community and self. Many children, and parents alike, had visions of God being the highest priority in their lives. Although not blatantly evident in child interview or artwork responses, it can be inferred that their thoughts about God involve someone who has the power to make people better, to care for those on Earth, as well as caring for the dead. These thoughts suggest God was a high priority in their lives. Some examples of values include, "when people die, God brings them up to heaven," "they go to heaven and never come home," and "Grandma and Grandpa died in a car crash but they are alive now in heaven."

Self-Worth. Again the statement "When I die it will break mommy, daddy, and Johnny's [name changed] heart," is indicative of a child who feels loved and accepted in his family structure. This child sees himself as having an impact on the lives of his family members and a notion that they love, value, and would ultimately miss his presence. Also, several children showed great pride in their artwork and were confident when being interviewed.

Spirituality. Something above and beyond spirituality, as defined by this study, has taken place here. This study had originally defined spirituality as hopefulness for the future; that life has a purpose, while leaving any components of religion out. What can be seen in the children's artwork and interview responses are common themes of what could be called religiosity, or the belief and following of certain theologies. A common theme of heaven and hell has emerged in the children's artwork, as well as distinct roles for God, the departed, and the bereaved. For example, "There were nails that got God on the cross….then they put him in a tomb with a rock beside it and he got out again cause he was so strong," "She's happy and looking down from Heaven," and "Heaven is where people can live with God." Spirituality may be effective at predicting a child's level of social competence as indicated by the ad hoc analysis of Hypothesis 2b.

Emerging Parent and Child Death Themes

Recurring themes have emerged not only in the mother's responses to their feelings about death, but in the children's interview and artwork responses

as well. These themes include common thoughts between mother's and children regarding death, ideas of God and Heaven, and either positive, negative, or indifferent ideas about death, and are evident in Table 9.

Table 9

Parent death responses and artwork explanations

Mother's Death Response	Children's Artwork Dialogue
I believe that death is a natural part of life. It is not the "end of life" for a Christian. I believe that the Lord gave us life on Earth and He is also our route to salvation and life after death.	Well there were nails that got God on the cross and they cut his side open from arm to leg. ….they put him in the tomb.. he got out cause he was strong…God raised into Heaven and lived…
I'm uncertain what happens to us after death	My uncle is up in Heaven. I'm making it dark. Dark because it's up in space.
No comment	This boy is jumping around cause he has to go potty.
I think it's harder to accept dying when you know you can't say goodbye…	I don't want to draw.
Death is a natural part of life…It's the saddest thing that happens to you..	This is papa and George, his best friend….now they are in Heaven holding hands…God gave them a TV and they watch us and talk about it.

Commonalities were found between the mothers' response to the question "Briefly describe how you feel about death" and the children's' descriptions of their artwork. Positive images of death, for both mother and child, entertain ideas of death being a seemingly natural part of life and God as a person who cares for the dead or heaven as being a reassuring place to go after you die.

Conversely, mothers who did not have any clear ideas of death had children who tended to respond in the same manner with responses like, "I don't want to draw, "I just want to make hills " or "The boy is jumping around because he had to go potty." There seems to be a common agreement between mother and child that death is of no concern at this time, or possibly the topic is just too uncomfortable to death address so an evasive attitude is exposed (discussion of evasiveness will appear in the Recommendations section of Chapter 5).

Mothers' who referred to the pain of death, or the awkwardness of the subject matter in their responses had children who exhibited similar responses. For example, the mother who had uncertain thoughts about what happens to a person after they die, had a child who's death artwork represented a person who was dead and floating in "just dark space." Evident in each of these common themes between mother and child is the existence of modeling and imitation. As suggested in Social Learning Theory, children, especially very young children, will imitate and emulate the models provided for them. When young children spend the majority of their time watching and imitating their parents, ideals are transferred from parent to child; whether the parents are aware of this or not.

There were three peculiar responses between parents and children that did not match. For example, there were parents who had positive views of death, including God and heaven, whose children either had no comment or went the other direction with story of the bludgeoning a dog (Table 10).

Table 10

Diverging Themes of Death

Mother's Death Response	Children's Artwork
….we believe in resurrection back to Earth at the appointed time of God….we will be reunited with our loved ones…..	Someone bammed her [the dog] in the heart…….came to our house and bammed her head with a hammer. The thing bammed her… breaking her heart
I avoid discussing dying and am not sure I can be the strong person when someone dies…cry when I think of people dying….	Kaylin [dog] is up in the sky…it's her dreaming body…. she's happy and looking down from heaven.
I rarely attend funerals…. do not enjoy public mourning…have not planned my own funeral….worry about what people will think of me after I die…	…Grandma and grandpa are happy and alive in heaven…

In fact, each of these parents reported having not discussed the topic with their children at all. At some point, these children have been exposed to a model

of death, even though their parents did not provide it. As mentioned within the tenets of Symbolic Interaction, what a person views as real to them is felt with real emotion, whether or not it is recognized as real to others. The few children who had their own, self-taught, conceptions of death wholeheartedly believed what they were saying was true. At some point in time, each of these children were exposed to some form of death via the media and have come to their own conclusions on how to feel about the topic. This may be an important time to help parents or educators learn how to redirect the child back to the family and aid in creating a healthy conception of death.

Conclusion

Children view death differently than adults. Those who have survived the death of a loved one may view death as a disaster, or something that has been inflicted upon them for no apparent reason other than to cause physical or emotional harm. Although not evident in this study, preschool age children may view death as a reversible state where the person may reappear after the person wakes from a nap (Trimm, 1995). For example, consider children's media images of death: ET returns, the coyote on the Road Runner cartoons always comes back, and even on reruns of Sesame Street children can see Mr. Hooper again (Schaefer, 2002). While 75% of children in this study agreed that what they see on television is real, they did seem to grasp the permanency of death with remarks like "…you go to heaven and don't come back." The difference may be that existing research focused on children's thoughts and emotions during or

immediately after experiencing loss while this study explored the children's everyday feelings of life and death.

Typically, there are four reactions children may experience after facing the loss of a loved one (Schaefer & Goldman, 2002). First, children fear being the next to die or having other family members die in the near future. For example, the child who is told "Grandpa had a bad pain in his stomach and died" may fear if they, or another family member, have indigestion they will also die (Schaefer, 2002). Second, children may feel guilt if they think the death was caused by their misbehavior. For instance the five-year-old who says, "I had a fight with mom the day she died, it must have been my fault" (Goldman, 2002). Third, children may experience anger if feelings of abandonment emerge. Finally, children may misunderstand conflicting messages, emotions, and advice given by adults who don't know how to discuss death with children. Although the majority of children in this study were in agreement with their mother's on what happens at death, three children had thoughts about death that were dissimilar from their mother's.

Before discussing such a sensitive subject as death, it is important to determine a child's level of cognitive development and to understand his/her perspective of death. Three key questions to ask before discussing death with a child are (a) how much does the child need to know? (b) what does the child want to know? and (c) what can the child understand? (Dowdy, Kiev, Lantz, Lathrop & Winkle, 1997). It would be wise to add another key question to the discussion of death with young children (d) what do they already know? As

revealed in this study, even children as young as 3 ½ had some conception of death. This should be used as the base knowledge before additional discussion takes place to avoid conflicting messages.

Other ways to address the topic of death with young children are to give the facts of how the person died, share your own feelings of grief, do not insist children attend a memorial service, and encourage them to ask questions (Goldman, 2002). Addressing these questions and issues will assure the information will be understood by the child without being frightened or confused.

For children both healthy and ill, the powerful meaning of death is taught in story, song, and scripture (Coles, 1990). It is important to provide healthy and realistic representations of what children can expect during the dying process, whether it be of a pet, parent, friend, or themselves. Central to this discussion should be the five components of socially and emotionally healthy children and how these qualities influence their conceptions of death.

Pro-social behavior, or the ability to relate to a peer group in a socially appropriate manner, will give children the opportunity to see that others have opinions and a purpose for living. Most children in this study exhibited their pro-social tendencies within the friendship-like relationships they depicted the dead having with God, ideas of caring for others, and their ability to feel empathy and sympathy for the bereaved. A sense of self-worth enables children to feel life is worth living and has some important or meaningful purpose. Children in this study generally were proud of sharing what they knew about death, took great

care in crafting their pictures, and displayed visions of belonging and holding an important place in their family units. Values provide a framework for the meaning of life. As evident in this study, children put a hierarchical format to their lives by putting God above all others (by depicting God as someone who has the power to end and/or care for a life) their parents came next, then themselves. Many forms of spirituality suggest that a higher power has a higher purpose for death. Typically children in this study related ideas of God and heaven to their spirituality. The majority viewed life in a positive hopeful way and in no way depicted ideas of Armageddon. Finally, an emphasis on higher levels of moral intelligence helps children experience treating others as they would want to be treated. Children in this study related appropriate feelings of concern for others, happiness, and positive personification of inanimate objects.

Parents are the ones most likely to provide the foundation for these fundamental qualities of socially and emotionally healthy children that lead to the most meaningful and long lasting life and death experiences. Therefore, concepts of closeness and family relations are precursors to a healthy understanding and appreciation of life and death, as well as comfort in discussing such issues (Rowling, 2000). These five key components were visible in some form in the child interviews, parent death question, and artwork explanations making it apparent that these components are indeed responsible for helping children form their concepts of death.

It is important for educators, human service providers and parents to realize the pure and realistic thoughts children have about death. There is no need to sugar coat or tell fairytale endings to what is a normative part of the process of living. As revealed in this study, many children realize the sadness of death with 88% associating the emotion “sad” with how others feel when a loved one dies (66% of those children experiencing a death themselves) with responses like “It [when I die] will break mommy, daddy, and Johnny’s [name changed] heart.”

Adults feel compelled to help children navigate life with as little stress, pain, or sadness as possible but tend to forget that what creates doubtful feelings or feelings of insecurity and fear come from the “gray areas” we create when trying to explain the seemingly unexplainable. Many parents in this study have already tried to explain death to their children early in life, sometimes out of necessity (59% of the children in this study having already experienced a death before age 5) and others within the confines of their religious beliefs. Those who did not provide such life instruction had children who were able to find alternative forms of “parental influence”, most likely in media form, to which they created their own views of death. These self-taught ideals were very different from their parent’s views of death but real and logical to the children none-the-less.

Summary

Children hold many simple yet powerful feelings about death. They can relate it to immediate circumstances and believe whole-heartedly in the reality of

their conceptions. Hence, the sensitivity and tact required for tackling such a serious issue. There are four general reactions children can have to death including, a fear of "being next", guilt of causing a loved one's death due to misbehavior, anger over abandonment, and misunderstanding conflicting messages provided by adults who are ill equipped to discuss death with children. Before discussing death with children, adults must consider these key questions, (a) what does the child want to know, (b) how much do they need to know, and (c) what can they understand. Hence it is vital that parents and educators realize the impact they have on children's death concept development when describing, discussing, or exposing children to their own adult feelings and conceptions concerning death.

Although quantitative findings in this study failed to produce statistically meaningful results, several important qualitative themes emerged. Elements of values, morality, pro-social behavior, spirituality, and self-worth (five key components of social-emotional well-being) were evident in the story interviews and artwork dialogue. Parents who invested in life and death discussions with their children, in turn, had children who accepted, followed, and could verbalize their family teachings. Finally, to add to the existing body of literature regarding children and death, we've seen children as young as 3 having identifiable ideas of life and death.

It is easy to forget that children have a pure, naive way of seeing life in its simplest terms. As evidenced in this study, those terms may include thoughts of

God and Heaven. Such notions may provide children with a reassurance in their concepts of death. A more informed and collective effort between teachers and parents may help guide children's thoughts and emotions concerning death.

Study Limitations

A limitation to the current study was the small sample size. This contributed to a significant decrease in statistical power and limited the generalizability of the participant responses. However, increasing participants would have complicated completion of the qualitative measures associated with this study. In addition, the fact that the interviews and artwork were completed in a private, on-one-one, setting slowed the pace of data collection due to the time required to make each child feel comfortable with the researcher, given the sensitive nature of the subject matter. In many circumstances, children were approached several times before they felt comfortable leaving the classroom for the interview and artwork sessions. It may be wise in the future to gain permission for a group reading of the book followed by a group discussion. This way the children are kept in a comfortable, familiar environment and have the ability to draw on their peers comments and ideas during the interview.

Another limitation to this study was the homogeneous population. Even though participation was offered all families in the target population, including several ethnic groups that attend the preschool, only the Caucasian, middle class families chose to participate. Replication of this study among other cultures and ethnic groups may be revealing.

Concerns about the CDC (child death concept) category of “indifferent” revolved around the idea that some children might be evasive rather than indifferent as some children are adept at avoiding uncomfortable situations by acting uninterested. While this may be a legitimate concern, no participants in this study acted in an evasive manner and the term indifferent was retained. Future studies may wish to include an additional death concept category of “evasive.”

Several measurement tools were used in this study to gain a “whole child” perspective. Several people involved in the child’s life and the child him/herself were given a chance to have input on the study data. This also created a challenge to the process of data collection and analysis.

A final limitation involved the difficulty of converting qualitative data into numerical values. In the end, this approach did not paint as powerful a picture as the interviews and artwork do alone.

Future Research

The qualitative proportions of this study have proven useful in understanding existing research on young children’s conceptions of death. Future research in this area should expand the existing framework by applying it to a longitudinal study. Following the participants from young adulthood into early adolescence would help explain how death concepts change over time and highlight the impact of peer and societal influences on death concepts. Two of the original questions driving this study highlighted this query (a) which of the five

key components of social-emotional well-being are most vulnerable to peer or societal influences, and (b) can peer and societal influences be overridden by strong family beliefs. Even a more representative cross-sectional study would provide enhanced insight into the changing death concept of children. However, a longitudinal study would be more effective in identifying trigger events that turn a child away from the teaching of their parents.

Finally, as mentioned before, a more cultural approach would lend insight into the many beliefs and traditions that other cultures have adopted. How other cultures educate and involve their children in death rituals may benefit Western culture by calming anxiousness concerning the topic of death, especially in the presence of young children.

By helping children develop a healthy appreciation for life and death, it may be possible to reduce school shootings, murders of children-by children, and suicide. In the final analysis, children with an even balance of the five key components of healthy child well-being (pro-social behavior, self-worth, spirituality, values, and morals) will have healthier, more realistic conceptions of death.

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Appendix A

Child Interview Questions

Post Story Telling

Child Interview Questions
Post Story Telling

1. Who was Alan Mills?
2. What happened to Alan Mills?
3. How do you think Little Bill and his father felt about that?
4. What do your mom and dad (or depending on family structure, grandma, grandpa, aunt, uncle, just mom, just dad, etc.) says happens when someone dies?
5. Have you ever known someone or something that died?
6. How did that make you feel?
7. What do you think happened to the person or thing that died?
8. What do you think happened after the person or thing died?
9. Do you see people die on television shows or cartoons?
10. How do you feel when you see that?
11. Is it real?
12. What is the difference between someone who dies on television and when someone dies in real life?

Now we are going to draw a picture about how death makes us feel.

(If they need prompting of something to draw the researcher can draw from any situations reported in question #5 – question #8).

Appendix B

Interview Coding

(Parent Question #12 & Child Storytelling)

Parent/Child Measures
Interview Coding

Pro-Social Behavior

Literature	Conceptual Definition	Operationalization
Social interaction is where two or more children engage in behaviors including, but not limited to, getting along with others, initiating and sustaining friendships, leading as well as following within a group, and the ability to resolve conflicts in a socially acceptable way (Bentzen, 2000).	Follows the lead of others, helping, sympathy, nurturance-giving, generosity, positive verbal exchange, turn taking, joining in group play, sharing, conflict resolution	A score of +1 will be given for each positive comment; for example, speaking of others positively, mention of friends or naming of friends, or speaking of sharing. A score of –1will be given for each negative comment; for example, no mention of friends, or speaking negatively of others. A score of 0 will be given for no comment.

Moral Behaviors

Literature	Conceptual Definition	Operationalization
Moral behaviors can be defined as the emotional consequences for one's actions, this includes distinguishing good from bad, a sense of obligation, concern for the welfare of others, responsibility for one's actions, and honesty (Charlesworth, 1996)	The emotional element of the conscience that includes feelings of guilt, shame, outrage, fear, contempt, and anxiety.	A score of +1 will be given for each mention of emotions such as concern for others, happiness, or love. A score of –1 will be given for each negative comment such as anger, fear, rage, or guilt. A score of 0 will be given for no comment.

Values

Literature	Conceptual Definition	Operationalization
Although culturally dependent, values are how a child prioritizes whom/what is important in his/her life (Gonzalez-Mena, 1998).	Depending on the cultural background of the child's family, they may value individual needs, family needs, or group needs, yet not necessarily in that order.	A score of +1 will be given for positive comments such as putting others before self, mention of a higher power before self, or speaking of family as a whole unit, or having an adult figure as head of the household. A score of –1 will be given for negative comments such as the child holding a higher position than the adults in the family, or significant magnification of material elements. A score of 0 will be given for no comment.

Spirituality

Literature	Conceptual Definition	Operationalization
The way we ascribe meaning to the deeper level of existence that surrounds us and is in us and our relationships (Kimes-Myers, 1997)	The acts of supporting, nurturing, guiding, teaching, and caring in a hopeful manner.	A score of +1 will be given for mention of hope for the future or nurturing on a deeper level (i.e. God will take care of Alan Mills, etc). A score of –1 will be given for negative comments depicting the situation as hopeless or no mention of any higher powers in the universe. A score of 0 will be given for no comment.

Self-Worth

Literature	Conceptual Definition	Operationalization
By the time children reach preschool they have a solidified sense of self. Preschool is a time when they test that self as they work towards acceptance, power and control, moral worth, efficacy, and competence (Charlesworth, 1996).	How a child feels about his/herself and how the child feels others view him/her.	A score of +1 will be given for conveying positive self-worth; for example, holding head high when talking, speaking clearly, proud of what they know, or stating how others are proud of them. A score of –1 will be given for conveying negative self-worth such as mumbling, speaking with head down, unsure of self or what he/she has to say, speaking negatively about him/herself. A score of 0 will be given for no comment.

Appendix C

Artwork Coding

Child Measures
Artwork Coding

Pro-Social Behavior

Literature	Conceptual Definition	Operationalization
Social interaction is where two or more children engage in behaviors including, but not limited to, getting along with others, initiating and sustaining friendships, leading as well as following within a group, and the ability to resolve conflicts in a socially acceptable way (Bentzen, 2000).	Follows the lead of others, helping, sympathy, nurturance-giving, generosity, positive verbal exchange, turn taking, joining in group play, sharing, conflict resolution	A score of +1 will be given for representation of pro-social behavior; for example, people holding hands, helping each other, close physical proximity, smiling faces, and open arms. A score of –1will be given for negative representation; for example, sad or angry faces, extreme distance between people, guns, blood, hitting, or arms crossed over the body. A score of 0 will be given for non-representation or no depiction of people; adults or peers.

Moral Behaviors

Literature	Conceptual Definition	Operationalization
Moral behaviors can be defined as the emotional consequences for one's actions, this includes distinguishing good from bad, a sense of obligation, concern for the welfare of others, responsibility for one's actions, and honesty (Charlesworth, 1996)	The emotional element of the conscience that includes feelings of guilt, shame, outrage, fear, contempt, and anxiety.	A score of +1 will be given for representation of emotions such as concern for others, happiness, and positive personification of inanimate objects. A score of –1 will be given for negative representation such as anger, fear, rage, guilt, or negative personification of inanimate objects. A score 0 will be given for non-representation.

Values

Literature	Conceptual Definition	Operationalization
Although culturally dependent, values are how a child prioritizes whom/what is important in his/her life (Gonzalez-Mena, 1998).	Depending on the cultural background of the child's family, they may value individual needs, family needs, or group needs, yet not necessarily in that order.	A score of +1 will be given for positive representation such as several persons working toward one goal, little magnification of material elements, or the adult figures being in realistic proportion to the child figures. A score of –1 will be given for negative representation such as a child figure drawn larger than the adults, significant magnification of material elements, or a disjointed placement of a family picture (father in one corner, child in another, etc.) A score of 0 will be given for non-representation.

Spirituality

Literature	Conceptual Definition	Operationalization
The way we ascribe meaning to the deeper level of existence that surrounds us and is in us and our relationships (Kimes-Myers, 1997)	The acts of supporting, nurturing, guiding, teaching, and caring in a hopeful manner.	A score of +1 will be given for representation of hope for the future or nurturing on a deeper level (i.e. depiction of angels or God, etc). A score of –1 will be given for depictions of the situation as hopeless or no signs of any higher powers in the universe. A score of 0 will be given for non-representation.

Self-Worth

Literature	Conceptual Definition	Operationalization
By the time children reach preschool they have a solidified sense of self. Preschool is a time when they test that self as they work towards acceptance, power and control, moral worth, efficacy, and competence (Charlesworth, 1996).	How a child feels about his/herself and how the child feels others view him/her.	A score of +1 will be given for representation of positive self-worth; for example, pictures of self with head held high, all facial and body features present, happy facial features, and others in the picture will be close to the child and presume happy demeanors. A score of –1 will be given for representation of negative self-worth; for example, picture of self with missing features or represented in with a shabby appearance, others in the picture showing distance or disappointment. A score of 0 will be given for non-representation.

Appendix D

Social Competence and Behavior Evaluation Preschool Edition (SCBE)

Social Competence and Behavior Evaluation–Preschool Edition (SCBE)

Peter J. LaFreniere, Ph.D.

Instructions

The following is a list of statements describing a child in three broad categories: emotional adjustment, social interactions with peers, and social interactions with adults. Use the following scale to rate the child by circling one choice for each statement to indicate the child's typical behavior or emotional state. Each of the ratings indicates how often a typical emotional state or behavior occurs:

Rating	Description
1	Almost NEVER occurs.
2 or 3	SOMETIMES occurs.
4 or 5	OFTEN occurs.
6	Almost ALWAYS occurs.

If you want to circle another number after you have made a choice for the same item, cross out your prior choice and circle another one. *Do not erase* the unwanted choice because it may damage the form.

Make every effort to assign a rating to each statement; leave an item blank only if you have no way of evaluating the child on that particular statement. If more than a few items are left without any rating, the results may not be meaningful.

Child's Name _____

Gender: ☐M ☐F Age ____yrs. ____mos. ID _____

School _____

Child's Class Teacher _____

Evaluator _____

Date of Evaluation _____

PLEASE PRESS HARD WHEN CIRCLING YOUR RESPONSE

	Never	Sometimes		Often	Always
1. Enjoys demonstrating new songs, games and other things he/she has learned.	1	2	3	4	5	6
2. Maintains neutral facial expression (doesn't smile or laugh).	1	2	3	4	5	6
3. Sensitive to another's problem.	1	2	3	4	5	6
4. Wets or dirties pants at school.	1	2	3	4	5	6
5. Curious.	1	2	3	4	5	6
6. Tired.	1	2	3	4	5	6
7. Easily frustrated.	1	2	3	4	5	6
8. Gets angry when interrupted.	1	2	3	4	5	6
9. Looks directly at you when speaking.	1	2	3	4	5	6
10. Irritable, gets mad easily.	1	2	3	4	5	6
11. Worries.	1	2	3	4	5	6
12. Laughs easily.	1	2	3	4	5	6
13. Easily adjusts to new situations.	1	2	3	4	5	6
14. Gets bored quickly and appears uninterested in playing.	1	2	3	4	5	6
15. In a good mood.	1	2	3	4	5	6
16. Patient and tolerant.	1	2	3	4	5	6
17. Takes pleasure in own accomplishments.	1	2	3	4	5	6
18. Tolerates interruptions and disturbances.	1	2	3	4	5	6
19. Difficult to console when he/she cries.	1	2	3	4	5	6
20. Self-confident.	1	2	3	4	5	6
21. Explores his/her environment.	1	2	3	4	5	6
22. Readily adapts to difficulties.	1	2	3	4	5	6
23. Timid, afraid (e.g., avoids new situations).	1	2	3	4	5	6
24. Sad, unhappy or depressed.	1	2	3	4	5	6
25. Anxious, nervous (e.g., bites fingernails).	1	2	3	4	5	6
26. Active, ready to play.	1	2	3	4	5	6
27. Whines or complains easily.	1	2	3	4	5	6
28. Inhibited or uneasy in the group.	1	2	3	4	5	6
29. Listens attentively when spoken to.	1	2	3	4	5	6
30. Screams or yells easily.	1	2	3	4	5	6
31. Bullies weaker children.	1	2	3	4	5	6
32. Forces other children to do things they don't want to do.	1	2	3	4	5	6
33. Gets upset when the teacher attends to another child.	1	2	3	4	5	6
34. Inactive, watches the other children play.	1	2	3	4	5	6
35. Negotiates solutions to conflicts with other children.	1	2	3	4	5	6
36. Remains apart, isolated from the group.	1	2	3	4	5	6
37. Children seek him/her out to play with them.	1	2	3	4	5	6
38. Does not respond to other children's invitations to play.	1	2	3	4	5	6
39. Takes other children and their point of view into account.	1	2	3	4	5	6
40. Self-centered, does not recognize other children's interests.	1	2	3	4	5	6

Please turn the form over and complete items 41 through 80.

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PLEASE PRESS HARD WHEN CIRCLING YOUR RESPONSE

	Never	Sometimes		Often	Always
41. Is involved wherever the children are having lots of fun.	1	2	3	4	5	6
42. Hits, bites or kicks other children.	1	2	3	4	5	6
43. Cooperates with other children in group activities.	1	2	3	4	5	6
44. Gets into conflict with other children.	1	2	3	4	5	6
45. Comforts or assists another child in difficulty.	1	2	3	4	5	6
46. Has to be first.	1	2	3	4	5	6
47. Refuses to share toys.	1	2	3	4	5	6
48. Takes care of toys.	1	2	3	4	5	6
49. Doesn't talk or interact during group activities.	1	2	3	4	5	6
50. Attentive towards younger children.	1	2	3	4	5	6
51. Stays calm when there are conflicts in the group.	1	2	3	4	5	6
52. Initiates or proposes games to other children.	1	2	3	4	5	6
53. Spontaneously apologizes to other children for causing a problem.	1	2	3	4	5	6
54. Makes games competitive.	1	2	3	4	5	6
55. Spontaneously helps a child pick up toys or other objects.	1	2	3	4	5	6
56. Delights in playing with other children.	1	2	3	4	5	6
57. Goes unnoticed in a group.	1	2	3	4	5	6
58. Works easily in groups.	1	2	3	4	5	6
59. Takes pleasure in hurting other children.	1	2	3	4	5	6
60. Shares toys with other children.	1	2	3	4	5	6
61. Recovers quickly when he/she falls or hurts self (doesn't cry very long).	1	2	3	4	5	6
62. Hits teacher or destroys things when angry with teacher.	1	2	3	4	5	6
63. Helps with everyday tasks (e.g., distributes snacks).	1	2	3	4	5	6
64. Persistent in solving own problems.	1	2	3	4	5	6
65. Disrespectful of teacher.	1	2	3	4	5	6
66. Accepts compromises when reasons are given.	1	2	3	4	5	6
67. Clear and direct when he/she wants something.	1	2	3	4	5	6
68. Stops talking immediately when asked.	1	2	3	4	5	6
69. Needs teacher's presence to function well.	1	2	3	4	5	6
70. Asks for help when it is unnecessary.	1	2	3	4	5	6
71. Opposes the teacher's suggestions.	1	2	3	4	5	6
72. Cries for no apparent reason.	1	2	3	4	5	6
73. Is autonomous and able to organize him/herself.	1	2	3	4	5	6
74. Defiant when reprimanded.	1	2	3	4	5	6
75. Clingy towards teacher in novel situations (e.g., field trip).	1	2	3	4	5	6
76. Takes initiative in situations with new people.	1	2	3	4	5	6
77. Ignores directives and continues what he/she is doing.	1	2	3	4	5	6
78. Accepts teacher's involvement in own activity.	1	2	3	4	5	6
79. Cries when parent leaves.	1	2	3	4	5	6
80. Asks permission when necessary.	1	2	3	4	5	6

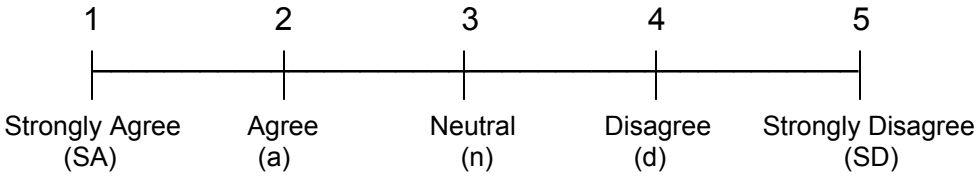
Appendix E

Family Well-Being Survey

Family Well-Being Survey

FOR THE PURPOSES OF THIS STUDY ONLY THE MOTHER'S (OR FEMALE GUARDIAN'S) NEED TO FILL OUT THIS SURVEY.

Please answer the following questions to the best of your ability. Each question is measured on a scale of one to five, please see the instructions below as to the value of each number and circle the response that best fits how you feel about each question. This survey is designed to measure a family's balance of pro-social skills, values, morality, self-worth, and spirituality. Questions from this survey are based in part on the Family Strengths Survey (Olson, Larsen, & McCubbin, 1982). Take your time in completing this questionnaire and return it, in the envelope provided, to the project director (Jennifer Kampmann). Please select the most appropriate response. Your first reaction should be your answer. Thank you for your time and participation in this study.



	SA	a	n	d	SD
1. I believe there is a purpose to life…….	1	2	3	4	5
2. I value the opinions of others…….	1	2	3	4	5
3. When something good happens to a friend, it makes me happy……	1	2	3	4	5
4. I find it easy to forgive others…….	1	2	3	4	5
5. I welcome life's challenges as learning experiences…….	1	2	3	4	5
6. It is important for our children to attend a religious service…..regularly	1	2	3	4	5
7. My child is special and unique in his/her own way…….	1	2	3	4	5
8. Other people deserve happiness……..	1	2	3	4	5
9. I am a better person because of my life's challenges…….	1	2	3	4	5
10. Accomplishing what we want seems difficult for us…….	1	2	3	4	5

SA a n d SD

11. Other people's problems do not affect me……1 2 3 4 5
12. I try to look for a person's good qualities……1 2 3 4 5
13. I enjoy donating things to those less fortunate……..1 2 3 4 5
14. I teach my child to be sympathetic to the problems of others..1 2 3 4 5
15. Some rules in society do not apply to my family or me…….1 2 3 4 5
16. We seem to have the same problems over and over……1 2 3 4 5
17. Conflict occur frequently in our family……..1 2 3 4 5
18. We enjoy volunteering our time to others in need……1 2 3 4 5
19. I like to try new things……1 2 3 4 5
20. I compliment my child on a daily basis……1 2 3 4 5
21. We have strong relationships with our relatives……1 2 3 4 5
22. I treat others as they would like to be treated……1 2 3 4 5
23. Religious services are part of our weekly family routine……...1 2 3 4 5
24. There is a higher power in the universe……..1 2 3 4 5
25. My family comes before my career……..1 2 3 4 5
26. When I find money or personal belongings, I always try to find the rightful owner……1 2 3 4 5
27. We make it a point of keeping a regular schedule of family traditions ……1 2 3 4 5
28. It is alright for my child to see me in conflict with another person or family member……..1 2 3 4 5
29. I find myself thinking negative thoughts several times a day...1 2 3 4 5
30. I am actively involved in my child's school……..1 2 3 4 5

SA a n d SD

31. Children should have daily responsibilities around the house……1 2 3 4 5

32. We are actively involved in our community……1 2 3 4 5

33. Children should be allowed to have input in all family functions……..1 2 3 4 5

34. Families should observe religious celebrations……1 2 3 4 5

35. I have a unique place in my community……1 2 3 4 5

36. My child has a say in how our family functions……..1 2 3 4 5

37. I know my child's friends and their parents……1 2 3 4 5

38. I monitor my child's intake of television and Internet……1 2 3 4 5

39. It is alright for my child to hear me speak negatively about a friend or relative……..1 2 3 4 5

40. I need to know where my child is at all times……1 2 3 4 5

41. I have been inside the houses of my child's friends……..1 2 3 4 5

42. I encourage my child to be involved in the community…….1 2 3 4 5 or church

43. Life's challenge have made me a stronger person……...1 2 3 4 5

44. In general, I am happy with my life……..1 2 3 4 5

45. I enjoy the company of my children……1 2 3 4 5

46. I find it hard to make choices concerning how to raise…….1 2 3 4 5 my children

Choose the Most Appropriate Answer

	Yes	No
47. My child has attended the funeral of a family member..	□	□
48. I have discussed death with my child……..	□	□
49. My child has experienced the death of a pet……..	□	□
49a. This was a traumatic experience for my child……..	□	□

49b. How long ago did this occur
_____months/years

50. My child has experienced the death of a family member	□	□
50a. This was a traumatic experience for my child……..	□	□

50b. How long ago did this occur
_____months/years

Adult Information

1. My relationship to the child in this study is_____.
2. Age: 18-25 □ 26-35 □ 36-45 □ 46-55 □ 56 & Over □
3. Occupation_____.
4. Education (check highest level completed):

   High School/GED □

   Some College/Tech School □ - Majoring In_____

   Undergraduate Degree □ - Degree In _____

   Graduate Degree □ - Degree In_____

   Doctoral Degree □ - Degree In_____

6. Ethnicity: Caucasian □ Black □ Native American □
Asian □ European □ Latino □ Other □

7. Residence (check where you and the child reside):

In Town □ Farm □ Acreage □ Rural □

8. Number of children: _____.

9. Birth order of child in this study_____.

10a. Number of extended family living in the child's home_____.

10b. Relationship of these persons to the child_____.

11. Number of extended family members living close to child (within 50 miles) _____.

12. Take a moment to describe your own thoughts about death/dying (continue on the back of this page if you need to).

_____

_____

_____

_____

_____

_____

Child Information

1. Age:_____
2. Gender: Male □ Female □
3. Does the child in this study have any special needs? Yes □ No □
4. What type of special needs? _____.
5. How many siblings does the child have? _____.

6. Does this child attend daycare? Yes □ No □

7. What type of daycare? Home □ Center □ Relatives □

8. How many hours a week? Less than 10 hrs □ 10-20 hrs □
   21-30 hrs □ 31-40 hrs □
   Over 40 hrs □

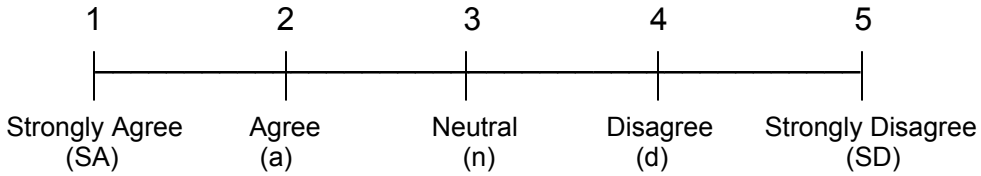
Appendix F

Coded Family Well-Being Survey

Coded Family Well-Being Survey

This researcher's copy of the survey includes codes for the five key concepts of spirituality (S), self-worth (SW), morality (M), values (V), and pro-social behavior (PS). Responses will be sorted and tallied according to each category to produce a profile of the respondent's balance of family well-being.

[Please answer the following questions to the best of your ability. Each question is measured on a scale of one to five, please see the instructions below as to the value of each number and circle the response that best fits how you feel about each question. This survey is designed to measure a family's balance of pro-social skills, values, morality, self-worth, and spirituality. Questions from this survey are based in part on the Family Strengths Survey (Olson, Larsen, & McCubbin, 1982). Take your time in completing this questionnaire and return it, in the envelope provided, to the project director (Jennifer Kampmann). Please select the most appropriate response. Your first reaction should be your answer. Thank you for your time and participation in this study.]



		SA	a	n	d	SD
S	1. I believe there is a purpose to life	1	2	3	4	5
SW	2. I value the opinions of others	1	2	3	4	5
PS	3. When something good happens to a friend, it makes me happy	1	2	3	4	5
M	4. I find it easy to forgive others	1	2	3	4	5
S	5. I welcome life's challenges as learning experiences	1	2	3	4	5
V	6. It is important for our children to attend a religious service regularly	1	2	3	4	5
SW	7. My child is special and unique in his/her own way	1	2	3	4	5
M	8. Other people deserve happiness	1	2	3	4	5
SW	9. I am a better person because of my life's challenges	1	2	3	4	5
S	10. Accomplishing what we want seems difficult for us	1	2	3	4	5

		SA a n d SD
PS	11. Other people's problems do not affect me	1 2 3 4 5
M	12. I try to look for a person's good qualities	1 2 3 4 5
V	13. I enjoy donating things to those less fortunate	1 2 3 4 5
PS	14. I teach my child to be sympathetic to the problems of others	1 2 3 4 5
PS	15. Some rules in society do not apply to my family or me	1 2 3 4 5
S	16. We seem to have the same problems over and over	1 2 3 4 5
S	17. Conflict occur frequently in our family	1 2 3 4 5
M	18. We enjoy volunteering our time to others in need	1 2 3 4 5
SW	19. I like to try new things	1 2 3 4 5
M	20. I compliment my child on a daily basis	1 2 3 4 5
V	21. We have strong relationships with our relatives	1 2 3 4 5
M	22. I treat others as they would like to be treated	1 2 3 4 5
S	23. Religious services are part of our weekly family routine	1 2 3 4 5
S	24. There is a higher power in the universe	1 2 3 4 5
V	25. My family comes before my career	1 2 3 4 5
M	26. When I find money or personal belongings, I always try to find the rightful owner	1 2 3 4 5
V	27. We make it a point of keeping a regular schedule of family traditions	1 2 3 4 5
PS	28. It is alright for my child to see me in conflict with another person or family member	1 2 3 4 5
SW	29. I find myself thinking negative thoughts several times a day	1 2 3 4 5
V	30. I am actively involved in my child's school	1 2 3 4 5

		SA a n d SD
V	31. Children should have daily responsibilities around the house	1 2 3 4 5
PS	32. We are actively involved in our community	1 2 3 4 5
V	33. Children should be allowed to have input in all family functions	1 2 3 4 5
S	34. Families should observe religious celebrations	1 2 3 4 5
PS	35. I have a unique place in my community	1 2 3 4 5
V	36. My child has a say in how our family functions	1 2 3 4 5
PS	37. I know my child's friends and their parents	1 2 3 4 5
V	38. I monitor my child's intake of television and Internet	1 2 3 4 5
M	39. It is alright for my child to hear me speak negatively about a friend or relative	1 2 3 4 5
V	40. I need to know where my child is at all times	1 2 3 4 5
PS	41. I have been inside the houses of my child's friends	1 2 3 4 5
S	42. I encourage my child to be involved in the community or church	1 2 3 4 5
SW	43. Life's challenge have made me a stronger person	1 2 3 4 5
SW	44. In general, I am happy with my life	1 2 3 4 5
SW	45. I enjoy the company of my children	1 2 3 4 5
V	46. I find it hard to make choices concerning how to raise my children	1 2 3 4 5

Choose the Most Appropriate Answer

	Yes	**No**
47. My child has attended the funeral of a family member.. ……..□	□	
48. I have discussed death with my child……	□	□
1. My child has experienced the death of a pet……... ……	□	□
49a. This was a traumatic experience for my child……... ……	□	□
49b. How long ago did this occur _____months/years		
50. My child has experienced the death of a family member……	□	□
50a. This was a traumatic experience for my child……..	□	□
50b. How long ago did this occur _____months/years		

Adult Information

1. My relationship to the child in this study is_____.
2. Age: 18-25 □ 26-35 □ 36-45 □ 46-55 □ 56 & Over □
3. Occupation_____.
4. Education (check highest level completed):

   High School/GED □

   Some College/Tech School □ - Majoring In_____

   Undergraduate Degree □ - Degree In _____

   Graduate Degree □ - Degree In_____

   Doctoral Degree □ - Degree In_____

6. Ethnicity: Caucasian □ Black □ Native American □
Asian □ European □ Latino □ Other □

7. Residence (check where you and the child reside):

In Town □ Farm □Acreage □ Rural □

8. Number of children: _____.

9. Birth order of child in this study_____.

10a. Number of extended family living in the child's home_____.

10b. Relationship of these persons to the child_____.

11. Number of extended family members living close to child (within 50 miles) _____.

12. Take a moment to describe your own thoughts about death/dying (continue on the back of this page if you need to).

_____

_____

_____

_____

_____

_____

Child Information

1. Age:_____
2. Gender: Male □ Female □
3. Does the child in this study have any special needs? Yes □ No □
4. What type of special needs? _____.
5. How many siblings does the child have? _____.
6. Does this child attend daycare? Yes □ No □

7. What type of daycare?	Home □	Center □	Relatives □
8. How many hours a week?	Less than 10 hrs □		10-20 hrs □
	21-30 hrs □		31-40 hrs □
	Over 40 hrs □		

Appendix G

Information and Informed Consent Sheet

Information and Informed Consent Sheet
Participation in a Research Project
South Dakota State University
Brookings, SD 57007

Department of Human Development, Consumer and Family Sciences

Project Director: Jennifer A. Kampmann
Phone Number: 688-4542
Dr. Joseph M. White
688-4225
Date: November 1, 2002

Please read the following information:
This is an invitation for you, as a parent, and your child to participate in a research project under the direction of the Department of Human Development, Consumer and Family Sciences at South Dakota Sate University. Jennifer A. Kampmann is the project director. This project is being conducted as part of the requirements for a Master's of Science thesis.

The project is entitled *The Well-Being of Children as Viewed through Their Conceptions of Death.*

The purpose of this project is to identify what components of healthy child well-being can influence a child's conceptions of death and how to incorporate such components into sensitive education for children and families concerning death.

Should you and your child consent to participate, you will be asked to complete the following information:

A. A survey entitled the Family Well-Being Survey will need to be completed within 2 weeks of the distribution date and will take approximately 20 minutes to complete. If you need assistance with this survey, please inform the project director who would be happy to assist you.
B. The project director will read to your child from the book <u>The Day I Saw My Father Cry</u> by Bill Cosby. This is a very timid book concerning the death of a friend of the family. There are no graphic representations of death either written or pictorial. Following the reading your child will be asked a series of 10 questions concerning how the story made him/her feel. This should take approximately 30 minutes and you may be present if you wish. The entire session will be audio taped.
C. Your child will then be asked to draw a picture, with the project director, about how dying or death makes them feel. This would be a good time to fill out your parent survey since it will take approximately 20 minutes. The drawing session will also be audio taped.

D. The researcher will then assess your child using the Social Competence and Behavior Evaluation (SCBE) scale. This is a socio-emotional behavioral evaluation based on the researcher's observations of the child.

Your, and your child's, participation in this project is strictly voluntary. Should you choose to participate, your child will receive a small gift at the end of the interview/observation session. You may withdraw at any time without penalty. Also, if you child should become distressed, or request to stop, their participation will immediately cease. If you have any questions regarding withdraw from this study, you may contact Jennifer A. Kampmann at 688-4542 or 605-542-4001 or email at preschoollab@hotmail.com .

The benefits to you and your child include realizing what your child already understands about life and death, and receiving information on how to further discuss this subject with your child.

Your responses on the survey and your child's responses, artwork, and observations are strictly confidential. All responses will be kept locked up and accessible only to those involved with the project. When data is reported during this study, you and your child will not be linked to the data by name, title, or any other identifying information.

At the end of the study, you will receive a summary report explaining the results.

By reading the above information and signing this sheet, I am giving my consent to participate for myself, and my child, in this study. Before signing this form, I have had all of my questions regarding this study answered. By giving my consent, I am agreeing to complete all of the following program requirements as outlined in this letter. I will keep a copy of this information for my own records.

I give permission for my child to participate in this research project.

Parent/Guardian Signature_____ Date_____

Witness_____ Date_____

I consent to participate in this research project.

Parent Participant Signature_____ Date_____

Witness_____ Date_____

Appendix H

Parent Information Letter

Dear_____:

We are conducting a study entitled *Child Well-Being as Viewed through Their Conceptions of Death* as part of a Master's of Science thesis project at South Dakota State University.

The purpose of this project is to identify what components of healthy child well-being can influence a child's conceptions of death and how to incorporate those components of healthy well-being into sensitive death education for children and families.

Mother's (or female guardian's), and your 4/5 year old child, are invited to participate in this study by completing a parent survey and having your child be interviewed and observed, by the thesis candidate, concerning how they view the subject of death. The interview can be conducted during regular preschool hours in our assessment room where you can be present to view the procedure through the one-way mirror, or we can meet at your home at a time that is convenient for your family. I realize your time is valuable and have attempted to keep the parent survey as concise as possible. It should take approximately 20 minutes to complete and can be done while observing the interview with your child. Should you need assistance with the survey, we will be happy to help you in any way possible.

There only risks that may be associated with this study involve the child's further questioning of life and death or subtle apprehensions or fears concerning death. Benefits to you and your child include (a) understanding what your child

already knows about life and death, (b) receiving information on how to further discuss this subject with your child, and (c) a gift of a developmentally appropriate, high quality book at completion of participation in this study.

Your participation is strictly confidential. All information collected will be kept locked up and accessible only to those involved in the project. When the data are presented in a written report, you will not be linked to the data by your name, title, or any other identifying information.

Please assist us in this research by filling out the attached consent form and returning it to the project supervisor. Please keep this letter for your information. You will be given copies of all signed consent forms for your files.

If at any time during the research process you should have questions or feel your child is becoming uncomfortable with the process, please contact us at the numbers listed below. There is no penalty for leaving the study at any time.

Sincerely,

Jennifer A. Kampmann
PO Box 2218
Pugsley Center #141
Brookings, SD 57007
605-688-4542

Dr. Joseph M. White
PO Box 2275A
NFA #407
Brookings, SD 57007
605-688-4225

Appendix I

Child Interview/Artwork Assent Form

Child Interview/Artwork Assent Form

“Hello _____ can I read this book with you?” “Then after we read the book, can I ask you some questions and draw a picture about it?”

_____ _____

Researcher Date Witness Date

Appendix J

Study Brochure

For questions regarding this study please contact Jennifer A. Kampmann at 688-4542 or email at preschoollab@hotmail.com

Research project start date will be November 19th, 2002.

Jennifer A Kampmann
South Dakota State University
2002-2003

CHILD WELL BEING RESEARCH STUDY

What Does Your Child Know About Life & Death?

JENNIFER A KAMPMANN
PROJECT DIRECTOR

The Well-Being of Children as Viewed through Their Conceptions of Death

What Is This Study About?

Don't be scared by the title. This project is designed to look at what makes healthy social-emotional well being in children by studying their conceptions of death.

There will be no graphic representations of death or dying portrayed to the children. We will merely discuss their views of what happens when a person dies and further depict their thoughts by drawing pictures about them.

We will be looking at 5 key elements that make up a child's awareness of life such as pro-social behaviors, values, morals, spirituality, and self-worth. It is our hopes that we can show a connection between these 5 key elements and how they influence children's views of death and how parents influence the way a child develops pro-social behaviors, values, morality, spirituality, and self-worth.

What Would My Child Be Doing?

Each child will read to from the book The Day I Saw My Father Cry by Bill Cosby. The book is age appropriate for preschoolers. They will be read chapter 1, when Little Bill's family meets and befriends their new neighbor Alan Mills, and chapter 3, when Little Bill comes home to find his father crying over the death of Alan Mills. The book discusses how Mr. Mills has died of a hearth attack, what a good man he was and how they can keep his memory alive now that he is gone. This is a very timid discussion of death and I have even read this story to my own five-year-old several times with no negative repercussions.

Following reading the story the child will be asked a series of ten questions about the story and what they know about death. See additional handouts for a list of the questions.

Finally, each child will be asked to draw a picture with the project director about what he/she knows about dying and how that makes him/her feel.

Parents are welcome and encouraged to watch this process from the observation booth of the assessment room in the preschool.

What Will The Parents Be Doing?

Each family will be asked to fill out a Family Well Being Survey. This survey contains 46 questions to be rated on a 1-5 scale, 6 yes/no questions, and background information about the parents and the child in the study. This survey takes approximately 20 minutes to complete and can be done while you watch your child during the book reading/artwork session, or at home when it is convenient for you.

Details, Details, Details……

There will be **no penalty** for withdrawing from the study **at any time.**

If children show **any signs of stress** or discomfort during the book reading/artwork session the **process will stop immediately.**

Parents are welcome and encouraged to view the book reading/artwork session if their schedules allow.

All information is kept confidential. Any artwork, interview transcriptions, and parent surveys will be kept locked in a file box accessible only to those involved in the study.

Parents will receive a profile of their child's well being at completion of the study.

Children will receive one high quality, age appropriate children's book at completion of the study.

If you have any questions please feel free to discuss them with the project directors Jennifer Kampmann at 688-4542 or Dr. Joseph White at 688-4225.

THANK YOU FOR YOUR PARTICIPATION!!